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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39411

Corporation Name

RGC (USA) EXPLORATION INC.

· •			•				
Principal Place	Mailing Address	dress					
1223 WARNER ROAD GREEN COVE SPRINGS FL 32043-4623		1223 WARNER ROAD GREEN COVE SPRINGS FL 32043-4623		DO NOT WRITE IN THIS	SBACE		
US US					3. Date Incorporated or Qualifed	SPACE	
• D: : 10	Dunings	2a. Mailing Address			06/23/1992 4. FEI Number	Δnr	olied For
					59-3095165	— <u> </u>	Applicable
21 Suite. Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	
		27			5. Certifcate of Status Desired	Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00 1	May Be
23		28			Trust Fund Contribution	Added to	
· Zip	Country	Zip	Country	,	8. This corporation owes the current year Inf	angible	
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	_
			81	Name	•		
SCOTT, J. L.			82	Street	Address (P.O. Box Number is Not Acceptable)		_
C/O RGC (USA) MINERAL SANDS INC.			"	Oli Cott			
1223 WARNER ROAD			83	1	-		
GRE	EN COVE SPRINGS FL 32043		84	City	·	85 Zip C	Code
					FL	. -	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12 Addition
TITLE			1.1 TITLE		Director	□ Change	X1
NAME	SLOAN, G.J.		1.2 NAME		Neil S. McKenzie		
STREET ADDRESS	1223 WARNER RD			TADDRESS	1223 Warner Road		
CITY-ST-ZIP	0112211 0012 01111110011		1.4 CITY-S	T-ZIP	Green Cove Springs, FL 320	143 Change	Addition
TITLE			2.1 TITLE			C cuange	
NAME	00011, U. E.		2.2 NAME				
STREET ADDRESS	12EG WARRENTID.			TADDRESS			Ì
CITY-ST-ZIP	TILETT COVE OF THE		2.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE_	DV	DELETE	3.1 TITLE	,	<u> </u>	□ Change	L. Madidon
NAME	ELDER, JOHN		3.2 NAME				
STREET ADDRESS	, , , , , , , , , ,			TADORESS			}
CITY-ST-ZIP	GREEN COVE SPRINGS FL			ST-ZiP		☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP	<u></u>		4.4 CITY-S	T-ZIP		Change	Addition
ΠΙΓΕ		. □ DELETE	5.1 TITLE 5.2 NAME				
NAME				T AODDECC			
STREET ADDRESS			i	T ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-S 6.1 TITLE) I - ZIP		Change	Addition
TITLE .		☐ DELETE	6.2 NAME			(5.101.1g0	
NAME			U.Z.IVVNE				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP