FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P92000011935 ANGLO-CONTINENTAL MARKETING U.S.A. INC. Principal Place of Business Mailing Address 880 A1A BEACH BLVD. 880 A1A BEACH BLVD. 00003765 APT. 5313 APT. 5313 SAINT AUGUSTINE FL 32084 SAINT AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address 880 AIA BEACH BLVD 880 AIA BEACH BLVD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3176749 Not Applicable Country U.S.A \$8.75 Additional Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCLUNG, SUE - JA Street Address (P.O. Box Number is Not Acceptable) MANDIC, SUE DANE M 880 A1A BEACH BLVD. APT. 5313 SAINT AUGUSTINE FL 32084 880 AIA BEACH BLVD. APT. 5313 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition Delete TITLE TITLE MCCLUNG, SUE-JANE M APT. 5313 880 AIA BEACH BLVD. MANDIC, SUE-JANE M NAME STE 5313, 880 A1A S, BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32084 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MANDIC, MARGOT W NAME NAME STE 5313, 880 A1A S, BEACH BLVD STREET ADDRESS BEACH BLUD. 32080 STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE MANDIC, ZELJKO P NAME BEACH BLUD. STE 5313, 880 A1A S, BEACH BLVD STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIF CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if

changed, or on an attachment wi with all other like empowered SIGNATURE: