CR2E034 (9/01)

24 52	E'GNIFORM BUS	INESS KEPU	'KI	(OBK)	_	APF	ROVED	j			
DOCUMENT # P92000014272 1. Entity Name						FILED					
ROYAL SELANGOR (U.S.A.), INC.						02 JAN 1	6 AM 10): 09			
20 VOYAGEF	DE OF BUSINESS R COURT SOUTH ONTARIO. CANADA M9W -5M7	Mailing Address 20 VOYAGER COURT SOUTH ETOBICOKE, ONTARIO, CANADA M9W -5M7				SECRETA TALLAHAS				188:5 1(8) 1591	
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	DO	NOT WRITE II	N THIS SPA	CE		
City & Stat	e	City & State			4. F	4. FEI Number Applied For Not Applicable					
Zip Country		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Agent			7. t	lame and Address	of New Regi	stered Ager	<u>nt</u>		
CREATIVE BUSINESS SYNERGIES, INC.				Name Corporate Access, Inc. Street Address (P.O. Box Number is Not Acceptable)							
121 SOUTHEAST 1ST STREET MIAMI FL 33131				236 E. 6	th A	ve.					
				City Tallaha	hassee FL Zip Code 32303						
SIGNATURE	signature, typed operinted name of registered agent praction is eligible to satisfy its Intangible	and title if applicable. (NOTE	: Registered	d Agent signature requi		İ	16/02	DATE			
	requirement and elects to do so.		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund C		,ing		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGE	S TO OFFICE	RS AND DIR	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YONG, POH KON 2018/0YAGER COURT SOUTH TORONTO, ONTARIO M9W 5M7	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YONG, POH SHIN 20 VOYAGER COURT SOUTH TORONTO, ONTARIO M9W 5M7	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WONG, C. Y. 20 VOYAGER COURT SOUTH TORONTO, ONTARIO M9W 5M7	☐ Delete				6001	0047 -01/16/(****15(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, ROBERT A 20 VOYAGER COURT SOUTH TORONTO, ONTARIO M9W 5M7	☐ Delete		,					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	

13. I hereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR DIRIPHED NAME OF SYNING OFFICER OR DIRECTOR

Date

Dat

14 January 2002