2-8-95 G-7003 MC

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:28

DOCUMENT # P93000011590 (5)

1. Corporation Name
OBODEX USA INC.

Principal Place of Business	Mailing Address
427 NOANK RD. MYSTIC CT 06355	427 NOANK RD. MYSTIC CT 06355

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3179344 (Applied For / Not Applicable)
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: X — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MASON, JOSEPH C JR
~~18167 US 19 N~~
~~STE 150~~
~~CLEARWATER FL 34624-6588~~

10. Name and Address of New Registered Agent

81 Name: Address Change only
82 Street Address (P.O. Box Number is Not Acceptable): 17757 US Highway 19 N
83: Suite 500
84 City: Clearwater FL 85 Zip Code: 34624

11. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSITER, JOHN J 18167 US 19 N #150 CLEARWATER FL 34624-6588	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ROSSITER, VINCENT P~~ ~~18167 US 19 N #150~~ ~~CLEARWATER FL 34624-6588~~ deceased	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition deceased
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETIEBET, DON O 18167 US 19 N #150 CLEARWATER FL 34624-6588	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETIEBET, MARGO A 18167 US 19 N #150 CLEARWATER FL 34624-6588	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Tom Coleman~~ ~~427 Noank Rd~~ ~~Mystic, CT 06355~~	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Tom Coleman 427 Noank Rd Mystic, Ct 0635 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Thomas P Coleman 2/2/95 203-572-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Director / President

0403028 FN