2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021887

1. Entity Name
OSIRIS LTD., INC.

Principal Place of Business	Mailing Address
2509 BLUE BELL PLACE	2509 BLUE BELL PLACE
TALLAHASSEE FL 32308	TALLAHASSEE FL 32308
US	US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3. Mailing Address**
3111 MAHAN DR	
Suite, Apt. #, etc. *SUITE 13*	Suite, Apt. #, etc.
City & State *TALLAHASSEE FL*	City & State
Zip *32308* Country *USA*	Zip Country

4. FEI Number 59-3175989 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONLIN, MARY	Name
236 HIAMONEE DR.	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32308	
	City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME RADKINS, JEFFREY STREET ADDRESS 2509 BLUE BELL PLACE CITY-ST-ZIP TALLAHASSEE FL 32308	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE V NAME CONLIN, MARY STREET ADDRESS 236 HIAMONEE DR. CITY-ST-ZIP TALLAHASSEE FL 32312	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE T NAME CONLIN, JOE STREET ADDRESS 236 HIAMONEE DR. CITY-ST-ZIP TALLAHASSEE FL 32312	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/02)

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEFFERY B. RADKINS* 01/02/03   *850-671* *2030*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #