FILED: FILING FEE AMOUNT PAID IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 21 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083289 (7)

1. Corporation Name
SHERMAN COOPER INC.

Principal Place of Business	Mailing Address
34 QUEEN STREET BELFAST UNITED KINGDOM	709-713A NORTH CIRCULAR ROAD LONDON NW2 7AX ENGLAND

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21 Loughgall Road
Suite, Apt. #, etc. 22
City & State 23 Portadown
Zip 24 BT62 4BZ
Country 25 Northern Ireland

2a. Mailing Address
26 Loughgall Road
Suite, Apt. #, etc. 27
City & State 28 Portadown
Zip 29 BT62 4BZ
Country 30 Northern Ireland

4. FEI Number: 98-0138181 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DAVIS, PAUL C
ONE HARBOR PLACE
5TH FLOOR
TAMPA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	~~DP~~	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	~~HUDSON, GRAHAM D.~~	1.2 NAME	William S. Walker	
STREET ADDRESS	~~TALL TREES, MANOR AVENUE~~	1.3 STREET ADDRESS	Loughgall Road,	
CITY-ST-ZIP	~~GOOSTREY CHESHIRE EN~~	1.4 CITY-ST-ZIP	Portadown, Northern Ireland BT62 4BZ	
TITLE	DVPS	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, THOMAS H.	2.2 NAME		
STREET ADDRESS	11 MOSSBROOK ROAD MONEYREAGH	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTOWNARDS NORTHERN IR	2.4 CITY-ST-ZIP		
TITLE	~~VP~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~INGRAHAM, DAVID~~	3.2 NAME		
STREET ADDRESS	~~39 WILMORE ROAD~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~LITTLE FALLS NE~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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, added or on an attachment with an address.

SIGNATURE: ✓ Thomas Hamilton Mills ✓ 23/3/95 ✓ 0762/332323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N. IRELAND

0493284 IN