2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000087187 1. Entity Name							FI	LED			
CTS INTERNATIONAL INC. USA						C	00 OCT -6	5 PH L	։ կ9		
Principal Place C/O FLORIDA S 3000 SPELNDID KISSIMMEE FL S US	PLENDID/CHINA CHINA BLVD	Mailing Address 3000 SPENDID CHINA BLVD. KISSIMMEE FL 34747 US				1	SECRETAR ALLAHASS	SEE, FLC	RIDA	IST (818) (1 88) (1	1 101 1 301 (131
2. Principal Pla	ice of Business	3. Mailing Address									
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				4. FEI Number 50-2215006 Applied For					
City & State		City & State				4. FEI N	umber 59 	-3215006 		No	t Applicable
Zip	Country			5. Certif			cate of Status		A	88.75 Add	
Name and Address of Current Registered Agent					CAU		AO NA		gistered A	9011	
YANG, GUANG 3000 SPLENDID CHINA BLVD.							umber is Not A	/	4 B/	<u> </u>	
	IMMEE FL 34747			<u> </u>	- 474	210010					
				City K	155	SIMIX	122		FL	Zip Code	747
8. The above named entry submits this statement in the purpose of changing its registered office or registered agent, or both, in the State of Florida.									/s		
SIGNATURE	Signature, typed or printed name of registered a new	/ 7		Agent signature				-10/23/ ***373	()UU	1008 ****7	กรอ
9. This corporation is eligible to satisfy its Intangible Tax fifing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After SEPTEMBER 13, 200 Make Check Payable to I				Min. will be	\$750),00 te). Election Car Trust Fund C	Contribution.		Added	May Be to Fees
11.	OFFICERS AND		12.		~	ADDITIO	ONS/CHANGE	S TO OFFIC	CERS AND	DIRECTOR:	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZHU, YUE-NING 3000 SPLENDID CHINA BLVD. KISSIMMEE FL 34747	☐ Delete			CT	5 HOUS	404 JiE 12,78-83 10 NG	COUL	HUBH T		_
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NAME STREET ADDRESS	YANG, GUANG 3000 SPENDID CHINA BLVD.			ET ADDRESS	MIAO ZHUANG CTS HOUSE, 78-83 COMANGHE RD. C HONG KONG						. 🗢
CITY-ST-ZIP	KISSIMMEE FL 34747			ITY-ST-ZIP H		NG I	Kong				hand
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NAME STREET ADDRESS (STRE	ET ADDRESS - ST-ZIP							
CITY-ST-ZIP TITLE		☐ Delete	TITLE							☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP						ar a sa	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that report	my signai Las requi:							n Block 11 c	

Daytime Phone #

SIGNATURE REQUESTION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: