2000 UNIFORM BUSINESS REPORT (UBR) P94000065237 DOCUMENT # Jun 02, 2000 8:00 am 1. Entity Name **Secretary of State** VIGILANT INVESTMENT HOLDINGS USA, INC.. 06-02-2000 90004 037 ***150.00 Principal Place of Business One Southeast Third Ave. Mailing Address Southeast Third Ave Suite 2130 Suite 2130 Miami, FL 33131 Miami, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 65-0518017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COPROLITE CORPORATION Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Avenue Suite 2130 Miami, FL 33131 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. 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE XXX Mete TITLE ☐ Change ☐ Addition NAME BULMAN, MIKHAIL NAME STREET ADDRESS 18 Wynford Drive, Unit 403 STREET ADDRESS CITY-ST-ZIP CITY-ST-782 North York, Ontario, CANADA D/S XXXX ange TIT) F ☐ Addition BULMAN, MARINA NAME BULMAN, MARINA STREET ADDRESS STREET ADDRESS 18 Wynford Drive, Unit 403 20 Farrington Drive CITY-ST-ZIP CITY-ST-ZIP North York, Ontario, CANADA Toronto, Ontario, CANADA TITLE TITLE NAME NAME MALKINE, VITALI STREET ADDRESS STREET ADDRESS 20 Farrington Drive CITY-ST-7IP CITY-ST-ZIP Toronto, Ontario, CANADA ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition