

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90051 048 \*\*\*150.00

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| <b>DOCUMENT # P95000016847</b><br>1. Entity Name<br>ZEDTEC COMBUSTION SYSTEMS, INC.   |                             |  |  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|---|-----------------------------|--|--|---|--|----------------------------|--|--|---|--|--|-------|------|--|-------|------|--|----------------|---------------------|--|----------------|-------------------------|--|-------------|-----------------------------|--|-------------|--------------------|--|--|----------------------------|--|--|-----------------------------|--|-------|----|---------------------------------|-------|--|---|------|-------------------|--|------|--|--|----------------|--------------------|--|----------------|--|--|-------------|----------------------------|--|-------------|--|--|-------|---|---------------------------------|-------|--|---|------|-------------------------|--|------|--|--|----------------|-------------------|--|----------------|--|--|-------------|----------------------------|--|-------------|--|--|-------|----|---------------------------------|-------|--|---|------|-------------------------|--|------|--|--|----------------|----------------|--|----------------|--|--|-------------|----------------------------|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br>3066 PINEY BLUFF RD., SOUTH PARK<br>SOUTH PARK, PA 15129 US  |                             |  | Mailing Address<br>3066 PINEY BLUFF RD., SOUTH PARK<br>SOUTH PARK, PA 15129 US   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>642 BARBROW LANE</b>  |                             |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>642 BARBROW LANE</b>   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State<br><b>KNOXVILLE, TENNESSEE</b>   |                             |  | City & State<br><b>KNOXVILLE, TENNESSEE</b>  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>37932</b>   |                             | Country<br><b>USA</b>                      |  | 4. FEI Number<br><b>59-3300268</b>  |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                             |  |  | <b>\$8.75 Additional Fee Required</b>   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM</b><br><b>1200 S PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>   |                             |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)  |                             |  |  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                             |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete <input checked="" type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAMING, JOHN VICTOR</td> <td></td> <td>STREET ADDRESS</td> <td>O'BRIEN, THOMAS MICHAEL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BEDFORD MOUNT, BOLSTERSTONE</td> <td></td> <td>CITY-ST-ZIP</td> <td>7 DEN BANK AVENUE,</td> <td></td> </tr> <tr> <td></td> <td>SHEFFIELD S36 3ST ENGLAND,</td> <td></td> <td></td> <td>SHEFFIELD, S10 5NZ, ENGLAND</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PARKER, ANTHONY N</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>84 CLARKHOUSE ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHEFFIELD S10 3HJ ENGLAND,</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>O'BRIEN, THOMAS MICHAEL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7 DEN BANK AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHEFFIELD S10 5NZ ENGLAND,</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MCQUINN, RICHARD PATRIC</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>56 TAPTON BANK</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHEFFIELD S10 5GH ENGLAND,</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                             |  |  |   |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | Delete <input checked="" type="checkbox"/> | TITLE | NAME | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | STREET ADDRESS | LAMING, JOHN VICTOR |  | STREET ADDRESS | O'BRIEN, THOMAS MICHAEL |  | CITY-ST-ZIP | BEDFORD MOUNT, BOLSTERSTONE |  | CITY-ST-ZIP | 7 DEN BANK AVENUE, |  |  | SHEFFIELD S36 3ST ENGLAND, |  |  | SHEFFIELD, S10 5NZ, ENGLAND |  | TITLE | TD | Delete <input type="checkbox"/> | TITLE |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | PARKER, ANTHONY N |  | NAME |  |  | STREET ADDRESS | 84 CLARKHOUSE ROAD |  | STREET ADDRESS |  |  | CITY-ST-ZIP | SHEFFIELD S10 3HJ ENGLAND, |  | CITY-ST-ZIP |  |  | TITLE | D | Delete <input type="checkbox"/> | TITLE |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | O'BRIEN, THOMAS MICHAEL |  | NAME |  |  | STREET ADDRESS | 7 DEN BANK AVENUE |  | STREET ADDRESS |  |  | CITY-ST-ZIP | SHEFFIELD S10 5NZ ENGLAND, |  | CITY-ST-ZIP |  |  | TITLE | SD | Delete <input type="checkbox"/> | TITLE |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | MCQUINN, RICHARD PATRIC |  | NAME |  |  | STREET ADDRESS | 56 TAPTON BANK |  | STREET ADDRESS |  |  | CITY-ST-ZIP | SHEFFIELD S10 5GH ENGLAND, |  | CITY-ST-ZIP |  |  | TITLE |  | Delete <input type="checkbox"/> | TITLE |  | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
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| TITLE   | NAME                        | Delete <input checked="" type="checkbox"/> | TITLE  | NAME  | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | LAMING, JOHN VICTOR         |  | STREET ADDRESS   | O'BRIEN, THOMAS MICHAEL   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | BEDFORD MOUNT, BOLSTERSTONE |  | CITY-ST-ZIP  | 7 DEN BANK AVENUE,  |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|   | SHEFFIELD S36 3ST ENGLAND,  |  |  | SHEFFIELD, S10 5NZ, ENGLAND   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | TD                          | Delete <input type="checkbox"/>            | TITLE  |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | PARKER, ANTHONY N           |  | NAME   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 84 CLARKHOUSE ROAD          |  | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | SHEFFIELD S10 3HJ ENGLAND,  |  | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | D                           | Delete <input type="checkbox"/>            | TITLE  |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | O'BRIEN, THOMAS MICHAEL     |  | NAME   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 7 DEN BANK AVENUE           |  | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | SHEFFIELD S10 5NZ ENGLAND,  |  | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | SD                          | Delete <input type="checkbox"/>            | TITLE  |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | MCQUINN, RICHARD PATRIC     |  | NAME   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 56 TAPTON BANK              |  | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | SHEFFIELD S10 5GH ENGLAND,  |  | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |                             | Delete <input type="checkbox"/>            | TITLE  |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |                             |  | NAME   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |                             |  | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |                             |  | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.   |                             |  |  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>SIGNATURE:</b> <b>R.P. MCQUINN</b>   |                             |  |  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                             |  |  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Date <b>15-1-04</b> Daytime Phone # <b>00 44 114 2632806</b>  |                             |  |  |   |  |                            |  |  |   |  |  |       |      |  |       |      |  |                |                     |  |                |                         |  |             |                             |  |             |                    |  |  |                            |  |  |                             |  |       |    |                                 |       |  |   |      |                   |  |      |  |  |                |                    |  |                |  |  |             |                            |  |             |  |  |       |   |                                 |       |  |   |      |                         |  |      |  |  |                |                   |  |                |  |  |             |                            |  |             |  |  |       |    |                                 |       |  |   |      |                         |  |      |  |  |                |                |  |                |  |  |             |                            |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |