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Jan 09, 2002 8:00 am

JAN. 7, 02 (727) 461-694

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047700 Secretary of State 1. Entity Name 01-09-2002 90018 041 ***158.75 ERDTMANN & PARTNERS, INC. Principal Place of Business Mailing Address 80 ROGERS ST 80 ROGERS ST 12 B 12 B CLEARWATER FL 33756 **CLEARWATER FL 33756** US US 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. FEI Number 59-3321292 Not Applicable Zip 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 ERDT-MANN=;-LOTHAR ERDTMANN, STEFAN Street Address (P.O. Box Number is Not Acceptable) 80 ROGERS ST. SUITE 12 B SLITE 12 B CLEARWATER FL 33756 CLEARWATER Z3756 bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Channe ☐ Addition (9/01) TITLE NAME ERDTMANN, LOTHAR NAME **80 ROGERS STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ERDTMANN, STEFAN STREET ADDRESS STREET ADDRESS **80 ROGERS STREET** CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ERDTMANN, RAINER NAME STREET ADDRESS **UERDINGER STREET, 231-47800** STREET ADDRESS CITY-ST-ZIP KREFELD, GERMANY CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trulitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CERDYMANN)

SIGNATURE: