FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am DOCUMENT # P96000057334 **Secretary of State** Entity Name MARICULTURE SYSTEMS, INC. 02-07-2001 90177 029 ***150.00 Principal Place of Business Mailing Address 2504 HARTFORD DR. POST OFFICE BOX 968 619472 AKE STEVENS WA 98258 LAKE STEVENS WA 98258 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0677315 Not Applicable Zip Country 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 CORPORATION CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD SUITE 211 PALM BEACH GARDENS FL 33418 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DCEO** ☐ Addition CR2E034 (10/00 TITLE ☐ Delete TITLE MEILAHN, DAVID E NAME NAME STREET ADDRESS 7219- 196TH ST. SW. #C3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNNWOOD WA 98036-4402 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN WOOD, TITLE ' TITLE Addition: Delete Delete NAME NAME JONAS DON 5023 CLAREMONT WAY STREET ADDRESS STREET ADDRESS EVERETT, WA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** ROBERT J. JANECZKO NAME NAME W. BIRCH WOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MORTON , 61550 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D