FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90194 001 ***300.00

DOCUMENT # P97000009352

1. Entity Name
RAVEN ASSOCIATES (USA) INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1001 Brickell Bay Drive	1001 Brickell Bay Drive
Suite, Apt. #, etc.: Suite 2908	Suite, Apt. #, etc.: Suite 2908
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0729667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SLC Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Drive, Suite 2908

Miami FL 33131

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 _____ Secretary 4-29-02
Signature, type or print 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SDVP
NAME	SIEINBAUER, KARL
STREET ADDRESS	1001 Brickell Bay Drive, #2908
CITY-ST-ZIP	Miami, Florida 33131
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 29, 2002 (305) 374-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #