Amended

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085780

1. Entity Name

GlovalVest Securities (USA), Inc.

FILED
01 MAY 30 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2100 East 4th St. Suite 100 Santa Ana, CA 92705	PO Box 14460 Irvine, CA 92623

2. Principal Place of Business	3. Mailing Address
6 Mimosa	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Irvine, CA 92612	City & State
Zip: 92612 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650852661 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

John Schiable
301 S. Missouri
Clearwater, FL 33756

7. Name and Address of New Registered Agent

Name: Jerry Yegge
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 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] — DATE 5/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME / STREET ADDRESS / CITY-ST-ZIP: Robert A. Lechman P.O. Box 14460 Irvine, CA 92623	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME / STREET ADDRESS / CITY-ST-ZIP: John Schaible 301 S. Missouri Clearwater, FL 33756	X☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 700004336367--3 -05/31/01--01065--022 *****61.25 *****61.25
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CR2E034 (11/00)

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] Robert A. Lechman Pres. — 5/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #