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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043112

1. Corporation Name
BANKSIDE SERVICES (AMERICAS), INC.

[redacted]

Principal Place of Business
2655 L JEUNE ROAD SUITE 541
CORAL GABLES FL 33134

Mailing Address
2655 L JEUNE ROAD SUITE 541
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1998

2. Principal Place of Business
21 One Alhambra Plaza
Suite, Apt. #, etc.
22 1405
City & State
23 Coral Gables, FL
Zip
24 33134 Country 25 USA

2a. Mailing Address
26 One Alhambra Plaza
Suite, Apt. #, etc.
27 1405
City & State
28 Coral Gables, FL
Zip
29 33134 Country 30 USA

4. FEI Number
65-0836143 Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GIBBS, THOMAS E
50 N LAURA STREET SUITE 2800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: [illegible] NOTE: Registered Agent signature required when submitting DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, JOHN M	1.2 NAME	
STREET ADDRESS	JESTERS, 91 KIPPINGTON ROAD, SEVENOAKS	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENT TN13 2LW ENGLAND	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GROVE, PETER E	2.2 NAME	
STREET ADDRESS	BEAUFORD HOUSE 15 ST BOTOLPH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EC3A 7PA ENGLAND	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, RICHARD G	3.2 NAME	
STREET ADDRESS	BEAUFORD HOUSE 15 ST BOTOLPH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EC3A 7PA ENGLAND	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, TIMOTHY R	4.2 NAME	
STREET ADDRESS	DUNDROD, ST. GEORGES AVENUE WEYBRIDGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SURRY KT13 0DA ENGLAND	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TITLE OF PERSON MAKING THE CHANGE, OFFICER OR DIRECTOR
FIONA DENTON Date Daytime Phone #

JOHN MURPHY

CR2E034 (11/98)