2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000108205 Mar 30, 2000 8:00 am 1. Entity Name INTEROIL, INC. **Secretary of State** 03-30-2000 90019 016 \*\*\*150.00 Principal Place of Business Mailing Address 1770 NE 191 STREET #602 NORTH MIAMI BEACH, FL 33179 60074000 2. Principal Place of Business 3. Mailing Address 19448 NE 26 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #73 City & State City & State 4. FEI Number Applied For Not Applicable NORTH MIAMI BEACH, FI 65-0979408 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33180 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMARK KATSMAN ANNA TRESKUNOV Street Address (P.O. Box Number is Not Acceptable) 9350 S. DIXIE HIGHWAY MIAMI, FL 33156 19448 NE 26 Avenue #73 NORTH MIAMI BEACH 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 M Change ☐ Addition CR2E034 (9/99 ☐ Delete TITLE SEMYON NEYMAN NAME SEMEN NEYMAN STREET ADDRESS 1770 NE 191 Street #602 STREET ADDRESS 19448 NE 26 Avenue #73 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33180 M Addition TITLE ☐ Delete TITLE Change NAME SEMEN TRESKUNOV 19448 NE 26 Avenue #73 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI BEACH, FL 33180 TITLE ☐-Delete~ TITLE . Change\_ - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE. ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE 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 Instead empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in 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 exempowered 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 with all other like empowered

SIGNATURE:

Daytime Phone #