## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000108205 1. Entity Name INTEROIL, INC. 04-12-2001 90168 040 \*\*\*158.75 Principal Place of Business Mailing Address 19448 NE 26 AVENUE 19448 NE 26 AVENUE SUITE #73 **SUITE #73** MIAMI FL 33180 MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State 65-0979408 Applied For 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 Name TRESKUNOV, ANNA Street Address (P.O. Box Number is Not Acceptable) 19448 NE 26 AVENUE #73 MIAMI\_EL 33180\_ 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** CR2E034 (10/00) PD N Change ☐ Addition Delete TITLE TITLE NEYMAN, SEMYON **NEYMAN, SEMYON** NAME NAME 1770 N.E. 191ST STREET 19448 N.E. 26 AVENUE SUITE 73 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180 CITY-ST-7IP NORTH MIAM! BEACH FL 33179 Delete : Change M Addition TITLE TITLE NEYMAN, SEMYON TRESKUNOV, SIMON NAME NAME 1770 N.E. 191ST STREET STREET ADDRESS 19448 N.E. 26 AVENUE SUITE 73 STREET ADDRESS NORTH MIAMI BEACH, FL 33180 CITY-ST-7IE NORTH MIAM! BEACH FL 33179 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP --CITY-ST=ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 |