2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am § Secretary of State S72480 DOCUMENT # 1. Entity Name NADCO INVESTMENTS, INC. 03-25-2002 90188 046 ***150.00 Mailing Address Principal Place of Business 7800 W. OAKLAND PARK BLVD. 7800 W. OAKLAND PARK BLVD. BLDG. "G" BLDG, "G" SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0283210 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAPIERRE, REJEAN Street Address (P.O. Box Number is Not Acceptable) 7800 W. OAKLAND PARK BLVD. BLDG, "G" SUNRISE FL 33351 Zip Code City FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NADON, ETIENNE NAME NAME 77 RUE DUQUETTE STREET ADDRESS STREET ADDRESS ST-EUSTACHE, QUEBEC, CANADA J715L-7 CITY-ST-ZIP CITY-ST-ZIP VPS ☐ Change ☐ Addition ☐ Delete TITLE TITLE REJEAN LAPIERRE NAME NAME 7800 W. OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME 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 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.

GNING OFFICER OR DIRECTOR Date E AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED