FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2002 8:00 am Secretary of State S74484 DOCUMENT # 1. Entity Name 4-10-2002 90352 033 ***150 00 TYSER & CO NORTH AMERICA INC. Principal Place of Business Mailing Address 10251-B W. SAMPLE RD. 10251-B W. SAMPLE RD. CORAL GABLES FL 33065 CORAL GABLES FL 33065 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-3125856 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 **BROOKS, EDWARD** Street Address (P.O. Box Number is Not Acceptable) 10251-B W. SAMPLE RD. CORAL GABLES FL 33065 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDC TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01 MARSH, ROGER E. NAME NAME 12-20 CAMOMILE ST STREET ADDRESS STREET ADDRESS LONDON, ENGLAND EC2V -7PJ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRAHAM, GORDON NAME NAME STREET ADDRESS 12-20 CAMOMILE ST STREET ADDRESS LONDON, ENGLAND EC2V -7PJ CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SKINNER, RONALD A NAME NAME STREET ADDRESS 12-20 CAMOMILE ST STREET ADDRESS LONDON, ENGLAND EC2V -7PJ CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 attachme