2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 21, 2002 8:00 am Secretary of State DOCUMENT # V24054 1. Entity Name 05-21-2002 91160 029 ***150 00 PETROPAC HOLDINGS, INC. Mailing Address Principal Place of Business 2701 REESE ROAD-2701 REESE ROAD DAVIE FL 33314 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0335046 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent-CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE PCF0 ☐ Delete TITLE WYNNE, JAMES A. III NAME wynne, James A., III NAME STREET ADDRESS 2701 Reese Rd 6480 MIAMI LAKES DR. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL DAVIE, FL BBBIH CITY-ST-ZIP Addition Addition ☐ Change ☐ Delete TITLE CF0 TITLE WAUGAMAN, DOUGLAS NAME ROSENBAUM, STANLEY G NAME 2701 Leese Ed STREET ADDRESS 2701 REESE ROAD STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 DAVIE FL 33314 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete VD. TITLE NAME BENNETT, JEFFREY NAME 11150 SANTA MONICA BLVD STE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90025 CITY-ST-ZIP ☐ Change Addition TITLE STD ☐ Delete TITLE MCGOLDRICK, MARK NAME 1 BANK BOSTON PLAZA STE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PROVIDENCE RI 02903 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WONG, DAVID NAME STREET ADDRESS 11150 SANTA MONICA BLVD STE 1200 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90025 CITY-ST-ZIP X Addition Change Delete TITLE TITLE LAURENCE, CHRISTOPHER NAME DAVIN THOMAS NAME HISO SANTA MONICA BLVD. SLITE 1200 11150 SANTA MONICA BLVD STE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90025 LOS ANGELES CA 90025 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 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.

FILED