2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 484713 -1.º Éntity Name BIMECO, INC. 00 AUG 30 PM 3: 09 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address PKWY. 3700 E. COLUMBIA ST. 4799 AVIATION Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 SUITE SUITE City & State 4. FEI Number Applied For City & State 59-1640852 ATLANTA TUCSON AZ Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 85714 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KobERT A. BUTTERWORTH (DIRPORALION Street Address (P.O. Box Number is Not Acceptable) 10700 76th COURT NORTH LARGO ITEL 1200 SOUTH PINE ISLAND ROAD City PLANTATEDW 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. Vickie M. TRING ASSISTAUT 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 5/0 ☐ Change Additio: X Delete TITLE TITLE MICHAEL K. BAYLEY DELETE ALL EXISTING NAME NAME 3700 E. COLYMBIA ST., SUITE 100 STREET ADDRESS STREET ADDRESS OFFICERS AND DIRECTORS 85714 CITY-ST-ZIP TUCSON, AZ CITY-ST-ZIP ☐ Change M Additic ☐ Delete TITLE JOHN F. ROONEY NAME NAME 3700 E. COLUMBIA ST., SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AZ CITY-ST-ZIP Additic ☐ Change ☐ Delete TITLE TITLE NAME NAME 600003391396---03/13/00--01041--025 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 ☐ Change Additi: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additis ☐ Delete TITLE TITLE 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 chapter of one an attachment with an address with all other like and the state of the corporation of 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 or Block 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 16 or Block 17 or Block 17 or Block 19 with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION MICHAEL K. BAYLEY Date Daytime Proce .

SIGNATURE: