2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # 576321** 1. Entity Name BUTLER NATIONAL SERVICES, INC. 03-21-2000 90090 021 \*\*\*150.00 Mailing Address Principal Place of Business 2772 N.W. 31ST AVE. 2772 N.W. 31ST AVE. FT. LAUDERDALE FL 33311-2034 FT. LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1829606 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISCHRUPP, JON C. Street Address (P.O. Box Number is Not Acceptable) ---2772 N.W. 31ST AVE. FT. LAUDERDALE FL 33311 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CDV TITLE Delete TITLE STEWART, CLARK D NAME NAME STREET ADDRESS 1546 E SPRUCE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF OLATHE KS ☐ Change Addition ☐ Delete TITLE TITLE FISCHRUPP, JON C NAME MAME STREET ADDRESS STREET ADDRESS 2772 N.W. 31ST AVE. CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change Addition TITLE 🔀 Delete Leisure, Robert E. TITLE MATUKEWICZ, EDWARD J NAME NAME 19920 W. 161st STREET ADDRESS STREET ADDRESS 1951 SURVALE Olathe, Ks. 46062 CITY-ST-ZIP CITY-ST-ZIP **OLATHE KS** Change Addition TITLE ☐ Delete TITLE NAME WAGONER, R. WARREN NAME STREET ADDRESS STREET ADDRESS 1546 E. SPRUCE RD CITY-ST-7iP CITY-ST-ZIP **OLATHE KS** Change ☐ Addition TITLE THUE AS ☐ Delete FISCHRUPP, PEGGY E NAME NAME STREET ADORESS 2772 N.W. 31ST AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 attachment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR