2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State **DOCUMENT #810031** 1. Entity Name MASSMAN CONSTRUCTION CO 04-24-2000 90090 014 ***158.75 Mailing Address Principal Place of Business 8901 STATE LINE 8901 STATE LINE P.O. BOX 8458 P.O. BOX 8458 KANSAS CITY MO 64114-0458 KANSAS CITY MO 64114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 44-0341360 Not Applicable Zip Country Zin Country \$8.75 Additional 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 HAYES STREET STE. 105 TALLAHASSEE FL 32301 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete MASSMAN, H.J. IV NAME NAME STREET ADDRESS 8901 STATE LINE STREET ADDRESS KANSAS CITY, MO 0 64114 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change SCHNOEBELEN, M H NAME NAME STREET ADDRESS 8901 STATE LINE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64114 **VDST** ☐ Delete Change ☐ Addition TITLE TITLE KOPP, JT NAME NAME 8901 STATE LINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KANSAS CITY MO 64114 **VPD** ☐ Delete ☐ Change Addition TITLE JACOBSON, F.K. NAME NAME 8901 STATE LINE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP KANSAS CITY, MO 0 64114 Change Addition ☐ Delete TITLE SCHNOEBELEN, P.C. NAME NAME 8901 STATE LINE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KANSAS CITY, MO 0 64114 Change --- -- Addition-- Delete -TITLE -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: HOLD TO THE

NATURE AND TYPED OR PRINTER HE OF SIGNING OFFICER OR DIRECTOR