

DOCUMENT # 838362

1. Entity Name

DUCLARKEE INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90067 021 ***150.00

Principal Place of Business: 222 E. ROBINSON ST. KNOXVILLE IA 50138
Mailing Address: 222 E. ROBINSON ST. KNOXVILLE IA 50138-2235



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Suite, Apt. #, etc.)
3. Mailing Address (Suite, Apt. #, etc.)
City & State
Zip Country

4. FEI Number: 42-6056986
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: WOODWARD, ARTHUR V. 207 NORTH COLLIER BLVD., SUITE 203 MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 main columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names like JOB, NED K., JOB, D. L., JOB, STUART L., JOB, MARGARET P., HOLLINGSHEAD, JAMES L.

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 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: James L. Hollingshead James L. Hollingshead 1-6-00 515-828-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #