

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90202 032 ***150.00

DOCUMENT # 841186

1. Entity Name
MASTHEAD INTERNATIONAL, INC.

Principal Place of Business Mailing Address
601 FIRST STREET, SW ALBUQUERQUE NM 87102 **601 FIRST STREET, SW ALBUQUERQUE NM 87102-3829**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **85-0214734** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MIKLOS, JON D	
STREET ADDRESS	111 DEERWOOD ROAD	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSEN, HARRY L.	
STREET ADDRESS	601 FIRST STREET SW	
CITY-ST-ZIP	ALBUQUERQUE NM 87102	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES F	
STREET ADDRESS	16047 W. 110TH ST.	
CITY-ST-ZIP	LENEXA KS 66219	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LAPHAM, DOUGLAS D	
STREET ADDRESS	208 E. WOODLAWN RD., STE. 200	
CITY-ST-ZIP	CHARLOTTE NC 28226	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CRAIG D	
STREET ADDRESS	16047 W. 110TH ST.	
CITY-ST-ZIP	LENEXA KS 66219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Douglas D Lapham Douglas D Lapham 4/6/00 704 598 8016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)