2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F02000004937

DOCUMENT # 1. Entity Name

SHAW BENECO, INC.

Principal Place of Business 8180 SOUTH 700 EAST, SUITE 250 **SANDY UT 84070**

8180 SOUTH 700 EAST, SUITE 250

SANDY UT 84070

FILED May 06, 2003 8:00 am Secretary of State

05-06-2003 90035 047 ***150.00

2. Principal Place of Business 3. Mailing Address 4171 Essen Lane Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Rotan Rouge 4. FEI Number Applied For 68-0501371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TIT1 F Delete TITLE Change DILLON, R. THOMAS JR. NAME NAME 8180 SOUTH 700 EAST, SUITE 250 STREET ADDRESS STREET ADDRESS **SANDY UT 84070** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition BARRUS, LEE NAME NAME 4171 ESSEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BATON ROUGE LA 70809** CITY-ST-ZIP Secretary Addition ☐ Delete TITLE ☐ Change TITLE GRAPHIA, GARY P NAME NAME 4171 ESSEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BATON ROUGE LA 70809** CITY-ST-7IP Director ☐ Delete Addition TITLE TITLE Change T.A. Barfield, Jr. 4171 Essen Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 0809 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. 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 huster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ress; with all other like empowered

SIGNATURE: