2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **F97000005420** 1. Entity Name GMR AERIAL SURVEYS, INC. 04-17-2001 90107 034 \*\*\*150 00 Principal Place of Business Mailing Address 2670 WILHITE DR 2670 WILHITE DR LEXINGTON KY 40303 LEXINGTON KY 40503 us US 2. Principal Place of Business 3. Mailing Address Sam Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 61-1183895 Not Applicable Zip country Fayelle \$8.75 Additional 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 **SIGNATURE** DATE (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 Tax filing requirement and elects to do so. After MAY, 1, 2001 Fee will be \$550.00 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. Change Addition **PCEO** ☐ Delete TITLE TITLE NAME NAME ritchie, G. Michael STREET ADDRESS STREET ADDRESS 2670 WILHITE DR. CITY-ST-ZIP CITY-ST-ZIP Lexington Ky 40503 ☐ Change Addition □ Defete TITLE NAME RITCHIE, JOANN NAME STREET ADDRESS 2315 NICHOLASVILLE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEXINGTON KY 40503 Delete THLE - ☐ Cnange Addition TITLE NAME NAME COURTNEY, KRISTIN E STREET ADDRESS STREET ADDRESS 2670 WILHITE DR. CITY-ST-ZIP CITY-ST-ZIP <u>Lexington Ky 40503</u> TITLE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE - □ Detete ·-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: