

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001417

1. Entity Name
ARW ENGINEERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90052 023 ***150.00

Principal Place of Business 620 24TH ST. OGDEN UT 84401	Mailing Address 620 24TH ST. OGDEN UT 84401-4322
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1594 W. Park Circle	3. Mailing Address 1594 W. PARK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ogden, UT	City & State Ogden, UT	4. FEI Number 87-0305572	Applied For <input type="checkbox"/>
Zip 84401	Zip 84401	Country US	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**C T 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
State 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 _____ (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.

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 NAME STREET ADDRESS CITY-ST-ZIP	P RICH, O. KENT 620 24TH ST. OGDEN UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, BRENT L 620 24TH ST. OGDEN UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, BARRY K 620 24TH ST. OGDEN UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERSON, DAVID L 620 24TH ST. OGDEN UT 84401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 W. PARK CIRCLE OGDEN, UT 84404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 W. PARK CIRCLE OGDEN, UT 84404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 W. PARK CIRCLE OGDEN, UT 84404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 W. PARK CIRCLE OGDEN, UT 84404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **4/18/00** DAYTIME PHONE #: **(801) 782-6008**

CFR2E034 (9/99)