

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000001417

1. Entity Name
ARW ENGINEERS, INC.

Principal Place of Business
 1594 W PARK CIRCLE
 OGDEN UT OGDEN UT
 84404 84404

Mailing Address
 1594 W PARK CIRCLE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0305572
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL
 33324 US

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 _____ **03/09/2001**
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T PIERSON DAVID L 1594 W PARK CIRCLE OGDEN UT 84404	<input type="checkbox"/> Delete
S ARNOLD BARRY K 1594 W PARK CIRCLE OGDEN UT 84404	<input type="checkbox"/> Delete
V WHITE BRENT L 1594 W PARK CIRCLE OGDEN UT 84404	<input type="checkbox"/> Delete
P RICH O. KENT 1594 W PARK CIRCLE OGDEN UT 84404	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<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: O. Kent Rich **P** **03/09/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)