2001 UNIFORM BUSINESS REPORT (UBR)

| | MENT # P990000 | 103800 | | | | | | , | | | |
|--|--|----------------------------------|--------------|--|---|--|--------------------------|---------------------------|------------------------------|-----|--|
| 1. Entity Name | | | | | | EU 50 | | | | | |
| NK 12/1/00 Times NOIDS Grain Inc. | | | | | | FILED | | | | | |
| Principal Place of Business Mailing Address | | | | | \dashv | - 01 JAN 31 AN 8:39 | | | | | |
| 6883 COMMERC | | | | SECRETARY OF STATE TALLAHASSEE FLORIDA | | | | | | | |
| springfield v | A 22159 | SPRINGFIELD VA 22159 | | | | TALLAHA | SSEE FL | ORIDA | | | |
| | | | | | | | 11711 12 111 1071 | . (1101 1011 18) | AH 33 11 M 3 1 | | |
| 2. Principal F | lace of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 1 | DO NOT WRI | rein) (HIS) F | 'ACT Y | 60 () | | |
| City & Stat | e | City & State | | | 4. F | FEI Number 54-1591773 | 3 | <u> </u> | oplied For |] | |
| Zip Country | | Zip Countr | | try | 5. (| Certificate of Status Desired | | 8.75 Add | ditional | - | |
| | 6. Name and Address of Current | egistered Agent | | | 7. Name and Address of New Registered Agent | | | | | 1 | |
| СТ | CORPORATION SYSTEM | | | Name | | | | | | l | |
| 1200 | SOUTH PINE ISLAND ROAD | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |] | |
| PLAN | ITATION FL 33324 | | | | | | | | | | |
| | | | | City | | | FL | Zip Code | e | | |
| 8. The above | named entity submits this statement for | r the purpose of changing its | register | ed office or regist | ered ag | ent, or both, in the State of Fl | orida. | | | | |
| SIGNATURE . | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTI | E: Registere | d Agent signature requir | ed when re | einstating) | DATE | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FE After MAY 1, 2001 Fe | | | | | | 10. Election Campaign Fir | | | 0 May Be | | |
| | ria on back) | Make Check Payat | | | | Trust Fund Contribution | n. 📙 | Added | d to Fees | | |
| 11. | OFFICERS AND | | 12. | | AD | DDITIONS/CHANGES TO OFF | | | |] ; | |
| TITLE NAME | HOWARD, ELAINE | ☐ Delete | TITLE | | | | l | Change | ☐ Addition | 9 | |
| STREET ADDRESS | 6883 COMMERCIAL DRIVE | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | SPRINGFIELD VA 22159 | ☐ Delete | TITLE | - ST-ZIP | | | <u></u> | Change | ☐ Addition | - 1 | |
| NAME | WILLIAMS, JOHN A | _ Delete | NAM | E | | | , | | _ | ľ | |
| STREET ADDRESS CITY-ST-ZIP | 1100 WILSON BOULEVARD ARLINGTON VA 22234 | | | ET ADORESS -ST-ZIP | | | | | | | |
| TITLE | S | ☐ Delete | TITLE | | ~_ | **** | Į | Change | Addition | 1 | |
| NAME STREET ADDRESS | CHAPPLE, THOMAS L 1100 WILSON BOULEVARD | i ⁿ | NAM Stre | E ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | ARLINGTON VA 22234 | | | - ST-ZIP | | | | | | | |
| TITLE | T MARTORE, GRACIA C | ☐ Delete | TITLE | | | | | Change | ☐ Addition | | |
| NAME STREET ADDRESS | 1100 WILSON BOULEVARD | | NAM STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | ARLINGTON VA 22234 | | CITY | -ST-ZIP | | | | | | _ | |
| TITLE NAME_ | AT BALDWIN, CHRISTOPHER W | ☐ Delete | TITLE NAM | | | | | Change | Addition | | |
| STREET ADDRESS | 1100 WILSON BOULEVARD | | • | ET ADDRESS | | | | | | | |
| CITY-ŞT-ZIP | ARLINGTON VA 22234 | ☐ Delete | CITY | -ST-ZIP | | · · · · · · · · · · · · · · · · · · · | I | Change | Addition | - | |
| NAME | CURLEY, JOHN J | LI Delete | NAM | E | | | 1 | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1100 WILSON BOULEVARD ARLINGTON VA 22234 | | | ET ADDRESS - ST- ZIP | | | | | | | |
| 13. I hereby | pertify that the information supplied with | this filing does not qualify for | the exe | mption stated in S | Section | 119.07(3)(i), Florida Statutes. | I further certif | y that the ir | nformation | 1 | |
| of the cor | on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address, a | owered to execute this report | as requi | red by Chapter 60 | same i 07, Flori | iegal effect as it made under ida Statutes; and that my nam | e appears in l | an officer Block 11 or | Block 12 if | | |
| _ | Christophu | W Baller | ~~ | The control of the co | _ | · What | , | 72T) D/ | 11.1.00 | | |
| SIGNAT | OHF: CHITSTODUEL M. | Baldwin, Assis | cant | rreasure | r | | <u> </u> | 10-204 | 1-6000 | 1 | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR