

FILED
Apr 07, 2000 8:00 am
Secretary of State

600341 00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P17861

1. Entity Name

TRACKMAR CORPORATION

Apr 07, 2000 8:00 am

Secretary of State

04-07-2000 90063 011 ***150.00

Principal Place of Business

Mailing Address

2500 E KEARNEY

SPRINGFIELD MO 65898

2500 E KEARNEY

SPRINGFIELD MO 65898-0001

US

60054100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1385176

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

WARREN, JEFFREY W.

220 SOUTH FRANKLIN STREET

TAMPA FL 33602

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

MORRIS, JOHN L.

1935 S. CAMPBELL

SPRINGFIELD MO

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

HENRY, SUSIE

1935 S. CAMPBELL

SPRINGFIELD MO

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

MILLER, TONI

6040 SOUTH ROANOKE

SPRINGFIELD MO 65810

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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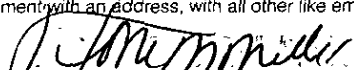
CITY-ST-ZIP

Change

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:



TONI MILLER

3-21-00

417-873-5000

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #