FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90150 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

042072

DOCUMENT # P17861

1. Entity Name
TRACKMAR CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 E. KEARNEY	2500 E. KEARNEY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRINGFIELD, MO	City & State: SPRINGFIELD, MO
Zip: 65898 County: USA	Zip: 65898 County: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 43-1385176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEFFREY W. WARREN

Street Address (P.O. Box Number is Not Acceptable): 220 SOUTH FRANKLIN ST.

City: TAMPA FL Zip Code: 33602

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PD NAME: JOHN L. MORRIS STREET ADDRESS: 2500 E. KEARNEY CITY-ST-ZIP: SPRINGFIELD, MO 65898	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: TONI MILLER STREET ADDRESS: 2500 E. KEARNEY CITY-ST-ZIP: SPRINGFIELD, MO 65898	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ TONI M. MILLER 4/8/02 (417)873-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #