FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2001 8:00 am Secretary of State DOCUMENT # F9200000119 1. Entity Name NPC OF AMERICA, INC. 02-01-2001 90002 048 ***150.00 Principal Place of Business Mailing Address P.O. BOX 24068 P.O. BOX 24068 HUULLOUD LANSING MI 48909 LANSING MI 48909 2. Principal Place of Business 3. Mailing Address 401 WILSHIRE BLVD 5 CORPORATE WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ATTN: TAX DEPT S35 **SUITE 1100** City & State 4. FEI Number Applied For City & State 38-3023534 SANTA MONICA CA LANSING ΜI Not Applicable Zip Country Zip Country \$8.75_Additional 5. Certificate of Status Desired-Fee Required -9040-1---48951 -USA-USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE TITLE Delete CLIFFORD, JACK J NAME NAME 401 WILSHIRE BLVD, STE 1100 STREET ADDRESS STREET ADDRESS 5901 EXECUTIVE DRIVE CITY-ST-ZIP SANTA MONIGA - CA 90401 CITY-ST-ZIP LANSING MI 48911 ¥☐ Addition ☐ Change TITLE Delete TITLE NAME NAME ELLIOTT, JAY MICHAEL A. WELLS STREET ADDRESS STREET ADDRESS 5901 EXECUTIVE DR 1401 WILSHIRE BLVD, STE 1100 CITY-ST-ZIP CITY-ST-7IP LANSING MI <u>SANTA MONICA. CA 90401</u> Change Addition TITLE ☐ Delete TITLE NAME SIMON, JAMES L NAME 1 CORPORATE WAY STREET ADDRESS STREET ADDRESS 5901 EXECUTIVE DR LANSING. MΙ 48951 CITY-ST-ZIP CITY-ST-ZIP LANSING MI TITLE ☐ Delete TITLE ▼ Change ☐ Addition HOPPING, ANDREW B NAME STREET ADDRESS STREET ADDRESS 1 CORPORATE WAY 5901 EXECUTIVE DRIVE CITY-ST-ZIP CITY-ST-ZIP LANSING. LANSING MI ΜI ☐ Delete TITLE Change ¥ Addition TITLE NAME NAME M. SHAWN DREFFEIN STREET ADDRESS STREET ADDRESS 401 WILSHIRE BLVD, STE 1100 CITY-ST-ZIP --CITY-ST-ZIP SANTA MONICA, CA TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME PETER M. JOHNSON STREET ADDRESS STREET ADDRESS 1428 MIDWAY ROAD CITY-ST-7IP CITY-ST-ZIP 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:

JAMES | SIMON | //8/01 5/7-707-246

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date