2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 27, 2003 8:00 am Secretary of State DOCUMENT # 766718 05-27-2003 90177 005 ****61.25 UNITED STATES PROFESSIONAL DIVING COACHES ASSOCI ATION, INC. Principal Place of Business Mailing Address C/O KEITH RUSSELL C/O KEITH RUSSELL 3242 APACHE LN 3242 APACHE LN PROVO UT 84604 PROVO UT 84604 do Steve VOELLINE 2. Principal Place of Business 3. Mailing Address 6365 DERBUSHIRE LANE MECKE Suite, Act. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES DEPRUSUIRE W 4. FEI Number 58-1801343 City & State Applied For 01/0 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGERING, DAVID Street Address (P.O. Box Number is Not Acceptable) 5100 CORONADO RIDGE **BOCA RATON FL 33086** City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Γ Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD 🔀 Delete TITLE POESIDENT Change ☐ Addition TITLE NAME 1 RUSSELL, KEITH NAME DOUG BEAVERS 94 BREEFELV KNOW WANE STREET ADDRESS 3242 APACHE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PROVO UT 84604** WO TITLE ☐ Delete TITLE ☐ Change Addition NAME HOCKING, JAMES NAME STREET ADDRESS 2509 B ST STREET ADDRESS CITY-ST-ZU CITY-ST-ZIP LINCOLN NB 68502 TITLE -~ TITLE ☐ Addition ☐ Delete ☐ Chance SIXBURY, KARA NAME NAME STREET ADDRESS 81 BONNYWINE STREET ADDRESS CITY-ST-ZIP * CITY-ST-ZIP WILLIAMSVILLE NY 14221 TITLE ☐ Addition TITLE ☐ Delete ☐ Channe VOELLMECKE, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 6365 DERBYSHIRE LANE CITY-ST-ZIP CITY-ST-ZIP LOVELAND OH 45140 TITLE SECY Delete TITLE Change Addition CANO NAME BEAVERS, DOUG NAME TSUCO OFFRA STREET ADDRESS 94 BREEZY KNOLL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE ST. LOUIS MO 63367 TITLE MBR ☐ Delete TITLE ☐ Change ☐ Addition NAME VOELLMECKE, STEVE NAME STREET ADDRESS 6365 DERBYSHIRE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOVELAND OH 45140

FILED