## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **DOCUMENT # 580598** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name AGRIPOST. INC. 04-26-2000 90079 027 \*\*\*150.00 Principal Place of Business Mailing Address 1250 24TH ST., NW 1250 24TH ST., NW #300 WASHINGTON DC 20037 WASHINGTON DC 20037-1124 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1917071 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEST, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 5651 NW 24TH TERR **BOCA RATON FL 33496** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PSD** TITI F TITLE ☐ Delete NAME FORRER, JOHN O NAME STREET ADDRESS 1250 24TH ST NW STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON DC 20037** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEST, EDWARD C NAME STREET ADDRESS STREET ADDRESS 5651 NW 24TH TERR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** \_\_\_\_ Change Addition Delete TITLE \_ TITLE KELLER, FREDERICK F. J NAME STREET ADDRESS STREET ADDRESS 11 5TH AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10003** Addition ☐ Change X Delete TITI F TITLE Cooksey, Neil 6135 Park South Drive NAME WALKER, JAMES M. NAME STREET ADDRESS ONE SOUTH EXECUTIVE PARK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28287** ☐ Change Addition Delete TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.