MENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 591797 1. Entity Name 02 OCT -8 AMII: 45 R.C. MOORE, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 117 Muirfield Drive 75 Pearl Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. Box 9785 City & State City & State 4. FEI Number Applied For Daytona Beach Portland, ME 01-0278035 Not Applicable Country Country **USA** Zip 04104 \$8.75 Additional FĹ 3212Ó 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent National Corporate Research, Ltd., Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1406 Hays Street, Suite 2 City Tallahassee 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. (NOTE: Registered Agent signature required who January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034B (12/01) TITLE. P/T/D NAME NAME 70000870330 Richard C. Moore STREET ADDRESS STREET ADORESS 8 Ginn Road CITY-ST-ZIP CITY-ST-ZIP Scarborough, ME 04074 TITLE TITLE. V/D NAME NAME Kelly E. Moore STREET ADDRESS STREET ADDRESS 8 Ginn Road CITY-ST-ZIE CITY-ST-ZIP Scarborough, ME-04074 TITLE TITLE NAME NAME, Shawn R. Moore STREET ADDRESS STREET ADDRESS DO NOT WRITE 8 Ginn Road CITY-ST-ZIP CITY-ST-7IP Scarborough, ME 04074 TITLE IN THIS SPACE NAME NAME Dianne O. Moore STREET ADDRESS STREET ADDRESS 8 Ginn Road CITY-ST-ZIP CITY-ST-ZIP Scarborough, ME 04074 THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP. 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 employered.

Shawn R. Moore, Vice President

ED NAME OF SIGNING OFFICER OR DIRECTOR

(207) 883-5184

Daytime Phone #