2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674783 Jan 09, 2000 08:00 AM 1. Entity Name **Secretary of State** SULOUFF, INC. Principal Place of Business Mailing Address 131 POINCIANA 131 POINCIANA SUITE 192 LAKE JACKSON TX LAKE JACKSON TX77566 77566 US 2. Principal Place of Business 3. Mailing Address 131 POINCIANA 1711 BOND STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT. 20 City & State City & State 4. FEI Number Applied For LAKE JACKSON тx NILES. MI 59-2002934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 77566 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION 33324 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. 01/09/2000 SIGNATURE 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete X Change ☐ Addition HECKMAN, JANE NAME HECKMAN, JANE STREET ADDRESS 131 POINCIANA STREET ADDRESS 131 POINCIANA CITY-ST-ZIP LAKE JACKSON TX CITY-ST-ZIP LAKE JACKSON ΤX 77566 TITLE ☐ Delete TITLE X Change ☐ Addition NAME SULOUFF, MICHAEL D. NAME SULOUFF, MICHAEL D. STREET ADDRESS 131 POINCIANA STREET ACCRESS 131 POINCIANA CITY-ST-ZIF LAKE JACKSON TXCITY-ST-7IP LAKE JACKSON TX77566 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED