## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # 808452** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** HILLYARD, INC. 03-28-2000 90101 012 \*\*\*150.00 Principal Place of Business Mailing Address 302 NORTH 4TH ST. 302 NORTH 4TH ST. ST JOSEPH MISSIOURI 64501-1720 ST JOSEPH MISSIOURI 64501-1720 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 44-0522196 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change TITLE ☐ Delete HILLYARD, M. SCOTT NAME STREET ADDRESS STREET ADDRESS 2619 LOVERS LN CITY-ST-ZIP CITY-ST-ZIP ST JOSEPH, MO 00000 Delete ☐ Change Addition TITLE TITLE CAROLUS, JAMES P. NAME NAME STREET ADDRESS 2831 LOVERS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST JOSEPH MO ☐ Change ■ Addition TITLE ☐ Delete TITI F CAROLUS, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2831 LOVERS LANE CITY-ST-ZIP CITY-ST-ZIP ST. JOSEPH MO SVD ☐ Delete ☐ Change ☐ Addition TITLE TITLE ROTH, JAMES H. NAME NAME STREET ADDRESS STREET ADDRESS 3601 W. COLONY SQ. CITY-ST-ZIP CITY-ST-ZIP ST. JOSEPH MO ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROTH, ROBERT W. NAME STREET ADORESS STREET ADDRESS 1302 ASHLAND CITY-ST-ZIP CITY-ST-ZIP ST. JOSEPH MO Addition ☐ Change ☐ Delete TITLE Assistant Sec/Treas TITLE NAME NAME Neil Ambrose STREET ADDRESS STREET ADDRESS 4110 NE 5812 Terr 13. Thereby certify that the information supplied with this filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTO

816-233-1331 Davime Phone #

Neil Ambiose Asst. Truge 3-23-2010