2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am § Secretary of State DOCUMENT # 830807 1. Entity Name MOTOR CLUB OF AMERICA ENTERPRISES, INC. 05-20-2002 90366 010 ***150.00 Principal Place of Business Mailing Address 3200 W. WILSHIRE BLVD P.O. BOX 20689 **OLKLAHOMA CITY OK 73116** OKLAHOMA CITY OK 73156-0689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State § City & State 4. FE! Number Applied For 23-7012987 Not Applicable Zip Country Zip Country \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 CD ☐ Delete TITLE CR2E034 (9/01) Change Addition NAME COFFEE, VIRGIL W NAME STREET ADDRESS 3200 W WILSHIRE BLVD STREET ADDRESS CITY-ST-ZIP OKLAHOMA OK CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition KIRCHER, DAVID K NAME STREET ADDRESS STREET ADDRESS 3200 W. WILSHIRE BLVD CITY-ST-ZIE CITY-ST-ZIP OKŁAHOMA OK TITLE - -Delete - -STD TITLE . 🗔 Change Addition NAME MELTON, LARRY K NAME STREET ADDRESS 3200 W. WILSHIRE BLVD STREET ADDRESS CITY-ST-ZIP OKLAHOMA OK CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

RECavid K, Kircher, President

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.

4/26/02

(405) 843-2745

FILED