2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831528

1. Entity Name

CUTLER REPAVING, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90263 040 ***150.00

Principal Place of Business	Mailing Address
921 E. 27TH. ST. LAWRENCE KS 66046 US	921 E. 27TH ST. LAWRENCE KS 66046-4917 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2580340 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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 _____
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: VESKERNA, CHARLES R. STREET ADDRESS: 921 E 27TH ST CITY-ST-ZIP: LAWRENCE, KS 00000 66046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: CUTLER, DOUGLAS E STREET ADDRESS: 921 E 27TH ST CITY-ST-ZIP: LAWRENCE, KS 00000 66046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ST NAME: COFFMAN, JUDITH K STREET ADDRESS: 921 E 27TH ST CITY-ST-ZIP: LAWRENCE, KS 00000 66046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: RATHBUN, JOHN R. STREET ADDRESS: 921 E 27TH ST CITY-ST-ZIP: LAWRENCE, KS 00000 66046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: MILES, JOHN STREET ADDRESS: 921 E 27TH ST. CITY-ST-ZIP: LAWRENCE KS 66046	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: GAUMNITZ, JACK STREET ADDRESS: 921 E 27TH ST. CITY-ST-ZIP: LAWRENCE KS 66046	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Judith K. Coffman — SIGNATURE REQUIRED — 5-01-00 — 785-843-1524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)