FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2000 8:00 am Secretary of State **DOCUMENT # 840502** 1. Entity Name K. P. MEIRING CONSTRUCTION, INC. 09-12-2000 90144 033 ***550.00 Principal Place of Business Mailing Address 6519 CARROLLTON 6519 CARROLLTON CIPO/UUA INDIANAPOLIS IN 46220 INDIANAPOLIS IN 46220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 35-1312997 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 METRING CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 DRANGE STREET 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DIRECTOR TRESIDEN Delete TITLE TITLE MEIRING, KENNETH F NAME MEIRING, KENNTH P NAME 2501 S. POUTE VEDRABL STREET ADDRESS STREET ADDRESS 910 TILSON CITY-ST-ZIP CITY-ST-ZIP ZIONSVILLE IN Change ☐ Delete TITLE TITLE. NAME NAME MEIRING, PATRICIA STREET ADDRESS STREET ADDRESS 910 TILSON CITY-ST-ZIP CITY-ST-7IP ZIONSVILLE IN ☐ Addition ☐ 'Change TITLE Delete TITI F NAME MAHONEY, NANCY L. NAME STREET ADDRESS STREET ADDRESS 1320 KESSLER BLVD, W DR CITY-ST-ZIP CITY-ST-ZIP Indianapolis in Addition Delete ☐ Change TITLE E۷ TITLE NAME HOLLAND, JAMES G. NAME STREET ADDRESS STREET ADDRESS 911 E. 61ST ST. CITY-ST-ZIP INDIANAPOLIS IN CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete

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.

CITY-ST-ZIP

NAME STREET ADDRESS

Changed, of on an allaching with an address, with all other like on powered.

STREET ADDRESS CITY-ST-7IP

KSINGLATURE AND TYPED OR PRINTED NAME OF SIGNING APPROPRIATE AND TYPED OR PRINTED NAME OF SIGNING APPROPRIATE NAME

CR2E034 (5/00)