2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2001 8:00 am Secretary of State **DOCUMENT #843806** GOLDKISS FARMS, INC. 01-16-2001 90074 026 ***158.75 Principal Place of Business Mailing Address 102 Brookside Dr. 102 BROOKSIDE DR. P.O. BOX 1419 P.O. BOX 1419 0 4 4 4 4 3 **GRAPEVINE TX 76051** Grapevine TX 76051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 75-1643705 Not Applicable Country Zip \$8.75 Additional Country 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 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 DATE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Addition TITLE ☐ Delete TITLE DODSON, ELSIE B. NAME 102 BROOKSIDE DRIVE STREET ADDRESS STREET ADDRESS **GRAPEVINE TX** CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete Change ☐ Addition DODSON, JAMES K. NAME NAME 102 BROOKSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRAPEVINE TX** VP0 ☐ Addition ☐ Change TITLE Defete TITLE BETTS, LARRY M. -NAME NAME 30451 SINGLETARY RD. STREET ADDRESS STREET ADDRESS CITY-ST~7IP MYAKKA CITY FL CITY-ST-ZIP Change | ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 an address, with all other like empowered. 8/2001 1.817.481.4283 SIGNATURE:

THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR