FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **856230** **(8)**

1. Corporation Name
UNITED TOTE COMPANY

Principal Place of Business	Mailing Address
10115 CABIN CREEK ROAD SHEPHERD MT 59079	10115 CABIN CREEK ROAD SHEPHERD MT 59079-3507

3. Date Incorporated or Qualified: 04/25/1983
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business	2a. Mailing Address
21 2718 Montana Avenue	26 2718 Montana Avenue
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Billings MT	City & State 28 Billings MT
Zip / Country 24 59101 / 25 USA	Zip / Country 29 59101 / 30 USA

4. FEI Number: 81-0365105 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VAS	☐ DELETE	1.1 TITLE	VSD	☒ Change ☐ Addition
NAME	KINNARD, DAVID B		1.2 NAME		
STREET ADDRESS	10115 CABIN CREEK ROAD		1.3 STREET ADDRESS	2718 Montana Avenue, Suite 200	
CITY-ST-ZIP	SHEPHERD MT 59079		1.4 CITY-ST-ZIP	Billings, Montana 59101	
TITLE	STV	☒ DELETE	2.1 TITLE	DC	☐ Change ☒ Addition
NAME	SHELHAMER, LINDA		2.2 NAME	Richard M. Haddrill	
STREET ADDRESS	10115 CABIN CREEK ROAD		2.3 STREET ADDRESS	2718 Montana Avenue, Suite 200	
CITY-ST-ZIP	SHEPHERD MT 59079		2.4 CITY-ST-ZIP	Billings, Montana 59101	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	AMUNDSON, GARY		3.2 NAME		
STREET ADDRESS	10115 CABIN CREEK ROAD		3.3 STREET ADDRESS	2718 Montana Avenue, Suite 200	
CITY-ST-ZIP	SHEPHERD MT 59079		3.4 CITY-ST-ZIP	Billings, Montana 59101	
TITLE	C	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	SHELHAMER, LLOYD		4.2 NAME	James P. Baker	
STREET ADDRESS	10115 CABIN CREEK ROAD		4.3 STREET ADDRESS	2718 Montana Avenue, Suite 200	
CITY-ST-ZIP	SHEPHERD MT 59079		4.4 CITY-ST-ZIP	Billings, Montana 59101	
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	METSCHULAT, FRED		5.2 NAME		
STREET ADDRESS	10115 CABIN CREEK ROAD		5.3 STREET ADDRESS	2718 Montana Avenue, Suite 200	
CITY-ST-ZIP	SHEPHERD MT 59079		5.4 CITY-ST-ZIP	Billings, Montana 59101	
TITLE		☐ DELETE	6.1 TITLE	VTD	☐ Change ☒ Addition
NAME			6.2 NAME	Jeffrey C. Davison	
STREET ADDRESS			6.3 STREET ADDRESS	2718 Montana Avenue, Suite 200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Billings, Montana 59101	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David B. Kinnard 01/10/97 (406) 248-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #