Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

7th Avenue

DOCUMENT # 856230 1. Corpora ion Name

UNITED TOTE COMPANY

Principal Place of Business Mailing Address

SUITE 200 **BOZEMAN MT 59715**

Suite, Apt. #, etc.

2. Principal Place of Business

2311 S. 7th Avenue

2311 S 7TH AVE

2311 S 7TH AVE SUITE 200 BOZEMAN MT 59715

2a. Mailing Address

Suite, Apt. #, etc.

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2311 S.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90102 030 ***150.00



[] # # #								
	DO NOT WRITE IN THIS SPACE							

3. Date Ir corporated or Qualifed

5. Certificate of Status Desired

04/25/1983

81-0365105

4. FEI Number

City & S ate	е	City & State				6. Election Campaign Financing \$5.00 May Be			
23 Bozen	nan, MT	Bozeman,	MT			Trust Fun	d Contribution	Adde	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corpo	pration owes the current y		
24 59715	5 25 USA	59715	30	US	SA _		Property Tax.	Yes	[]No
	9. Name and Address of Current	Registered Agent				10. Name an	d Address of New Regis	stered Agent	
			81	Name					
	PORATION SERVICE COMPANY		82	Street	Address (P.O. Box N	umber is Not Acceptable)			
	HAYS STREET		02	Suger	Address (F.O. Box (*	umber to receptable)			
TALL	AHASSEE FL 32301		83						
								85 Zij	Code
				84	City			FL S 2	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the a	bove	-named	corporation submits t	his statement for the purp	ose of changing i	ts registered
office or re	egistered agent, or both, in the State o	Florida. Such change was a	uthorized	i by t	he corp	oration's board of cire	ctors. I hereby accept the	e appointment as	registered
agent. ⊢ai	m familiar with, and accept the obligation	ans of, Section 607.0505, Fit	inua Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered	Agent	signature r	required when reinstating)		DATE	———]
12.	OFFICERS AND		13.	<u> </u>			S/CHANGES TO OFFICE	RS AND DIRECT	TOF S IN 12
TITLE	TD DELETE		1 1 TI	TLE			<u>.</u>	☐ Change	e Addition
NAME	CARSTENSEN, SUSAN J		1 2 N	AMÉ					İ
STREET ADDRESS	2311 S 7TH AVE		. 1.3 ST	REET.	ADDRESS				1
CITY-ST-ZIP	BOZEMAN MT 59715		1.4 CI	TY-ST	-ZiP				- 1
TITLE	DC	☐ DELETE	2.1 TI					XX Chang	e Addition
NAME			2.2 N	AME					í
STREET ADDRESS	2311 S 7TH AVE		23.51	REET	ADDRESS	115 Perimeter Center Place,		ce, Suite	911
CITY-ST-ZIP	BOZEMAN MT 59715					Atlanta, CA		•	
TITLE	AS	X DELETE	3.1 TI					Change	e Addition
NAME	BJORK, JANET M		3.2 N/	AME		DELETE			i
STREET ADDRESS	2311 S 7TH AVE		3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	BOZEMAN MT 59715		34.0	ITY-ST	r- 7!P				
TITLE	V	☐ DELETE	4.1 TI					☐ Chang	e Addition
NAME	FULLER, DON		4 2 N	AME					
STREET ADDRESS	9515 DERECO RD STE 200		4.3 ST	FREET	ADDRESS				
CITY-ST-ZIP	TIMONIUM MD 21093			TY-ST					
TITLE	V		5 1 TI					☐ Chang	e 🔲 Addition
NAME	METSCHULAT, FRED		5.2 N/	AME.		İ			
STREET ADDRESS	8515 DEERECO RD STE 200		5.3 ST	FREET	ADDRESS]
CITY-ST-ZIP	TIMONIUM MD 21093		5.4 CI	TY-ST	-ZIP				i
TITLE	VD	☐ DELETE	6.1 Ti	ΠE		 		☐ Chang	e Addition
NAME	DAVISON, JEFFREY C		6.2 N	AME					ı
STREET ADDRESS	2311 \$ 7TH AVE		6.3 S	TREET	ADDRESS				
·	BOZEMAN MT 59715		6.4 CI	TY-ST	- ZIP				
CITY-ST-ZIP	DOTPHINI 1111 101 10		J. 7 O.			3			

14. 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 annual report or supplemental εinnual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I εim an officer or director of the corporation or the receiver or trustee empowered to ε xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/14/99

406/585-6600