## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 23, 2001 8:00 am Secretary of State DOCUMENT # F0000001643 1. Entity Name TIC-THE INDUSTRIAL COMPANY WYOMING, INC. 03-23-2001 90036 042 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 3800 P.O. BOX 3800 CASPER WY 82602 CASPER WY 82602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 83-0240886 Not Applicable Zip Country 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition MEADOR, RUDOLPH L NAME NAME STREET ADDRESS STREET ADDRESS 2210 MIRACLE DRIVE CITY-ST-ZIP CITY-ST-ZIP CASPER WY 82602 ☐ Delete ☐ Addition TITLE ☐ Change TITLE MCKENZIE, RONALD W NAME NAME P.O. BOX 774848IVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STEAMBOAT SPRINGS CO 82602 ☐ Change \_ ☐ Addition TITLE -Delete -TITLE . BRUST, DONALD S NAME NAME 7739 WEST CHALK CREEK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASPER WY 82604 Change VSTD ☐ Addition ☐ Delete TITLE TITLE BIGGS, ANN S NAME NAME STREET ADDRESS 115 VALLEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASPER WY 82604 TITI F ☐ Delete TITLE Change ☐ Addition KISSANE, JAMES F NAME NAME STREET ADDRESS STREET ADDRESS 1385 TIMOTHY CITY-ST-ZIP STEAMBOAT SPRINGS CO 80488 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE STETTNER, PAUL NAME STREET ADDRESS **520 ANGLERS DRIVE** STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEAMBOAT SPRINGS CO 80477

03/19/01

307-235-9958

Daytime Phone #