CR2E037 (10/00

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # F00000006042 **Secretary of State** 1. Entity Name 02-05-2001 90014 037 ****61.25 PRAIRIE BIBLE INSTITUTE (U.S.) INC. Principal Place of Business Mailing Address C/O SNYNER & ASSOCIATES C/O SNYNER & ASSOCIATES 10303 JASPER AVE., 30TH FL. EDMONTON, ALB. 10303 JASPER AVE., 30TH FL. EDMONTON, ALB. A0019713 CANADA T5J 4P4 CANADA T5J 4P4 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4278244 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PCD TITLE ☐ Delete TITLE Change Addition DOWN, RICK NAME NAME THREE HILLS, ALBERTA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANADA TOM 2A0 ☐ Delete ☐ Change ☐ Addition TITLE TITI F NICOLSON, RAHAME REV. NAME NAME STREET ADDRESS 643 ROCK COULEE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONRAD MT 59425-0680 TITLE Delete TITLE ☐ Change Addition NAME SNYDER, STEPHEN NAME 10303 JASPER AVE., 30TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDMONTON, ALBERTA, CANADA CITY-ST-ZIP Addition ☐ Delete KOMOROWSKI, RICHARD NAME NAME STREET ADDRESS THREE HILLS, ALBERTA STREET ADDRESS CITY-ST-ZIP CANADA TOM 2A0 CITY-ST-ZIP ☐ Delete Addition TITLE GROUT, WENDELL DR. NAME NAME 3936 BLACKSTONE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LOVELAND CO:80537~~~ -TITLE ☐ Delete TITI F ☐ Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATION SERVICE CUISCON

January 23, 2001

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ORDINECTOR Stephen C. Snyder-Solicito Parline Phone #