2601 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # F39145** 1. Entity Name ENERIC PETROLEUM CORPORATION 04-10-2001 90130 004 ***150 00 Mailing Address Principal Place of Business 56 E BURLINGTON AVE 56 E BURLINGTON AVE FAIRFIELD IA 52556 FAIRFIELD IA 52556 60044347 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 59-2112363 Not Applicable Zip Country Zip 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. Bol Number is Not Acceptable) EDWARDS, GEORGE 950 N.FEDERAL HWY.,#219 POMPANO BCH. FL 33062 earwater 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition ☐ Delete TITLE TITLE SCHWARTZ, ERIC NAME NAME **56 E BURLINGTON AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **FAIRFIELD IA 52556** CITY-ST-ZIP ☐ Addition **VPS** Change Delete TITLE TITLE DOLLIVE, PETER NAME NAME STREET ADDRESS 56 E BURLINGTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FAIRFIELD IA 52556 Treasuser ☐ Change Addition ☐ Delete TITLE TITLE Terry L. Lister 56 E. Burlington Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Eric Schwart 2

4-01 641-472-510

☐ Change

☐ Change

☐ Addition

☐ Addition