2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED Mar 01, 2000 8:00 am Secretary of State DOCUMENT # F9200000188 1. Entity Name TRCI. INC. 03-01-2000 90089 041 ***150.00 Principal Place of Business Mailing Address P.O. BOX 485 P.O. BOX 485 MOBILE AL 36601-0485 MOBILE AL 36601 #UU23460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 63-0802633 Not Applicable Country Zip Country Zip \$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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 TITLE **PCDT** Delete TITLE PCDT X Change NAME NAME THOMAS, L P Thomas, L. P. STREET ADDRESS STREET ADDRESS 660 SPRINGHILL AVE. 550 Saint Michael St. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36602 Mobile, AL 36602 x☐ Change ☐ Addition ☐ Delete TITLE NAME Thomas, Derek J THOMAS, DEREK J NAME STREET ADDRESS 550 Saint Michael St. STREET ADDRESS 660 SPRINGHILL AVE. CITY-ST-ZIP Mobile, AL 36602 CITY-ST-7IP MOBILE AL 36602 ☐ Delete ☐ Addition TITLE **X** Change TITLE Thomas, Janet M. NAME NAME THOMAS, JANET M 550 Saint Michael St. STREET ADDRESS STREET ADDRESS 660 SPRINGHILL AVE. Mobile, AL CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36602 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Thomas V 2/n/00 (334)438-2036