2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # F9300001934 1. Entity Name JOHNSON MINING, INC. 04-17-2001 90065 011 ***150.00 Mailing Address Principal Place of Business 961 EAST MAIN STREET 961 EAST MAIN STREET SPARTANBURG SC 29302 SPARTANBURG SC 29302 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 57-0966170 Not Applicable Country \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 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 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.1 Change ☐ Addition ☐ Delete TITLE TITLE NAME JOHNSON, STEWART H NAME STREET ADDRESS STREET ADDRESS 961 EAST MAIN STREET CITY-ST-ZIP CITY-ST-ZIP SPARTANBURG SC 29302 Change Addition TITI F ☐ Delete TITLE VDST NAME BREEDEN, DAN C JR. NAME STREET ADDRESS STREET ADDRESS 961 EAST MAIN STREET CITY-ST-ZIP CITY ST-ZIP SPARTANBURG SC 29302 Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE NAME Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR