FILED 2091 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2001 8:00 am Secretary of State DOCUMENT # F9400000243 1. Entity Name AGRESERVES, INC. 03-05-2001 90069 031 ***150.00 Principal Place of Business Mailing Address 139 E. SOUTH TEMPLE #110 139 E. SOUTH TEMPLE #110 SALT LAKE CITY UT 84111-1103 SALT LAKE CITY UT 84111-1103 C0029169 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 87-0481574 Not Applicable Country Zip Country Zip \$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 SQUIRES, FERREN Street Address (P.O. Box Number is Not Acceptable) 13754 DESERET LAND ST CLOUD FL 34773-9381 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete CREER, JOHN W NAME NAME 139 EAST SOUTH TEMPLE, STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT ☐ Delete TITLE Change ☐ Addition TITLE LAMOREAUX, ROBERT D NAME NAME STREET ADDRESS 139 EAST SOUTH TEMPLE, STE 110 STREET ADDRESS CITY-ST-78P CITY-ST-ZIP SALT LAKE CITY UT TITLE ☐ Change TITLE □ Delete Addition COWAN, ROBERT L NAME NAME 139 EAST SOUTH TEMPLE, STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SALT LAKE CITY UT

CITY-ST-ZIP

SALE LAKE CITY UT

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

RUECKERT, THOMAS G.

SALT LAKE CITY UT

10366 BARNSDALE DR.

DUNN, DALE A

BOISE ID 83704

BROWN, HAROLD

۷D

139 E SOUTH TEMPLE #110

50 EAST NORTH TEMPLE 7TH FL

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Delete

☐ Delete

☐ Detete

2/23/01 Date

801-715-9000

Daytime Phone #

Change

Change

☐ Change

Addition

Addition

☐ Addition

CR2E034 (10/00)