FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # F94000000243 1. Entity Name 04-24-2002 90313 039 ***150.00 AGRESERVES, INC. 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 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 Zip Country Zip Country \$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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME CREER, JOHN W NAME STREET ADDRESS 139 EAST SOUTH TEMPLE, STE 110 STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT CITY-ST-ZIP TITI £ ☐ Delete TITLE ☐ Change Addition NAME NAME LAMOREAUX, ROBERT D STREET ADDRESS STREET ADDRESS 139 EAST SOUTH TEMPLE, STE 110 CITY-ST-7IP CITY-ST-ZIP SALT LAKE CITY UT TITLE ☐ Delete TITLE Change notition | NAME COWAN, ROBERT L NAME STREET ADDRESS 139 EAST SOUTH TEMPLE, STE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Salt lake city ut</u> TITLE X Delete TITLE VTS ☐ Change Y Addition NAME RUECKERT, THOMAS G. NAME JONES, CASEY O. STREET ADDRESS 139 E SOUTH TEMPLE #110 STREET ADDRESS 139 E SOUTH TEMPLE #110 CITY-ST-ZIF SALT LAKE CITY UT CITY-ST-ZIP SALT LAKE CITY, UT TITLE VD ☐ Delete TITLE Change Addition NAME DUNN, DALE A STREET ADDRESS 10366 BARNSDALE DR. STREET ADDRESS CITY-ST-ZIP **BOISE ID 83704** CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME BROWN, HAROLD NAME STREET ADDRESS 50 EAST NORTH TEMPLE 7TH FL STREET ADDRESS CITY-ST-ZIP SALE LAKE <u>CITY UT</u> 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

RCASEY FOR CHONES 27 March 2002 715-9100 PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.