2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2000 8:00 am Secretary of State DOCUMENT # F9400001678 1. Entity Name BERGMAN BROTHERS CONTRACTORS, INC. 03-25-2000 90009 047 ***150.00 Principal Place of Business Mailing Address 13745 SEMINOLE DR. 13745 SEMINOLE DR. CHINO CA 91710-5515 **CHINO CA 91710** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 95-3764869 Not Applicable 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 Corporation System ECKHOFF, MIKE Street Address (P.O. Box Number is Not Acceptable) 103 1 2 BROADWAY 1200 S. Pine Island Rd KISSIMMEE FL 34744 Zip Code 33324 City Plantation 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 ASSISTANT SECRETARY (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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change Addition TITLE BERGMAN, MARK C NAME NAME STREET ADDRESS STREET ADDRESS 2885 BROOKSIDE DR CITY-ST-ZIP CITY-ST-7IP CHINO HILLS CA 91709 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME BERGMAN, DANIEL L STREET ADDRESS STREET ADDRESS 14849 ROSETOWN AVE CITY-ST-7IP CITY-ST-ZIP FONTANA CA 92336 ■ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE 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 or truster on powered 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 odd ss, with all other like empowered.

SIGNATURE:

Daniel Bergman Vice President

3/15/00

(909)627-3651

Daytime Phone #

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