2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # F94000002054 Mar 03, 2000 8:00 am **Secretary of State** CYRCO, INCORPORATED 03-03-2000 90208 007 ***150.00 Principal Place of Business Mailing Address P.O. BOX 7292 7611 BOEING DRIVE GREENSBORO NC 27417-0292 GREENSBORO NC 27417 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 56-1278914 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 27417** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. PTDC DC Change Addition 2 □ Delete TITLE PETER COUTURE, II COUTURE, PETER A NAME NAME 2125 Eagle valley court STREET ADDRESS STREET ADDRESS 2516 W. WOODLYN WAY Kernersville, Toc 27284 CITY-ST-7IP CITY-ST-ZIP **GREENSBORO NC 27407** VSDC-- · TITLE □ Delete TITLE PAUL COUTURE COUTURE, PETER A NAME NAME 6111 N. Church It STREET ADDRESS 2516 W. WOODLYN WAY STREET ADDRESS Creansherro, NC 27455 CITY-ST-ZIP CITY-ST-ZIF **GREENSBORO NC 27407** TITLE Change **Addition** ☐ Delete TITLE PANIA MOGE NAME NAME 4707 wellford Court STREET ADDRESS STREET ADDRESS Januartain NC 27282 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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

PAULA C. MCGEE

336-668-0977