## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND T

ED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 09, 2001 8:00 am Secretary of State DOCUMENT # F94000002057 1. Entity Name USF DUGAN INC. 05-09-2001 90007 047 \*\*\*150.00 Mailing Address Principal Place of Business 2015 S MERIDIAN 2015 S MERIDIAN WICHITA KS 67213 WICHITA KS 67213 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 48-0760565 City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition X Delete TITLE TITLE Walt Ainsworth CARRUTH, J.C. NAME NAME 2015 S. Meridian STREET ADDRESS 9700 FINGINS ROAD, STE. 570 STREET ADDRESS CITY-ST-7IP Wichite KS ROSEMONT IL 60018 CITY-ST-ZIP Change Addition Addition ☐ Delete TITLE TITLE ELLIS, C.L. NAME NAME 9700 HIGGINS ROAD, STE. 570 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROSEMONT IL 60018** CITY-ST-ZIP Change Addition PC00 --- ---TITLE Delete TITLE EGGLETON\_CHARLES V NAME NAME 2015 S. Maridian 2015 SMERIDIAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WICHITA KA CITY-ST-ZIP ☐ Change ☐ Addition TITLE ▲ Delete TITLE GUYER, MARK NAME NAME STREET ADDRESS 2015 STATERIDIAN STREET ADDRESS CITY-ST-ZIP WICHITA KS 67213 CITY-ST-ZIP Change Addition TITLE Delete T!TI F SANDERS DIANE NAME NAME STREET ADDRESS 2015 S MERIDIAN STREET ADDRESS CITY-ST-ZIP WICHITA KS 67213 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 of the corporation or the receiver or trustee en changed, or on an attachment with an address empowered to e like en powered.

Daytime Phone #

Date