2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED DOCUMENT # F9400003857 Mar 31, 2000 8:00 am 1. Entity Name Secretary of State B & S RESOURCES, INC. 03-31-2000 90073 041 ***158.75 Principal Place of Business Mailing Address 17 SOUTH HIGH ST 17 SOUTH HIGH ST STE 1220 STE 1220 **COLUMBUS OH 43215-3441** COLUMBUS OH 43215 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 34-1338090 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOICH, WAYNE Street Address (P.O. Box Number is Not Acceptable) 5401 NW 15TH AVE FT LAUDERDALE FL 33309 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CP ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BOICH, WAYNE** NAME NAME STREET ADDRESS 17 SOUTH HIGH ST STE 1220 STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-ZIP VCVS Change ☐ Addition ☐ Delete TITLE TITLE SOVELL, MAX NAME 17 SOUTH HIGH ST STE 1220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-ZIP □ Change ☐ Addition · Delete TITLE TITLE SOVELL, MAX NAME NAME 17 SOUTH HIGH ST STE 1220 STREET ADDRESS STREET ADDRESS COLUMBUS OH 43215 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 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

3/27/00 614-221-0101