2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F9400005737 1. Entity Name MOREQUITY, INC. 03-21-2000 90067 032 ***150.00 Mailing Address Principal Place of Business 601 N.W. SECOND ST. 601 N.W. SECOND ST. EVANSVILLE IN 47708 🧓 **EVANSVILLE IN 47708-1013** 60041460 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 51-0259079 Not Applicable 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. CEOP PDC Change Addition TITLE ☐ Delete TITLE GEISSINER, FREDERICK W NAME NAME 601 N.W. SECOND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EVANSVILLE IN** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HANLEY, PHILIP M NAME NAME 601 N.W. SECOND ST. STREET ADDRESS STREET ADDRESS **EVANSVILLE IN** CITY-ST-ZIP CITY-ST-ZIP [] Change Addition Delete TITLE TITLE Ron Di Giacomo DEIG, MARY R NAME NAME GOI NW and St. STREET ADDRESS STREET ADDRESS 601 NW 2ND ST CITY-ST-ZIP Evansville, IN 47708 CITY-ST-ZIP **EVANSVILLE IN 47708** [] Change Addition Delete TITLE TITLE HENDRIX, BENNIE D NAME NAME STREET ADDRESS STREET ADDRESS 601 N.W. SECOND ST. CITY-ST-ZIP CITY-ST-ZIP **EVANSVILLE IN 47708** ۷Ŋ ☐ Change ☐ Addition TITLE Delete TITLE COLE, ROBERT A NAME NAME 601 NW 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **EVANSVILLE IN 47708** ☐ Change Addition ☐ Delete TITLE TITLE BINYON, BRYAN A NAME STREET ADDRESS 601 NW 2ND ST STREET ADDRESS CITY-ST-ZIP. **EVANSVILLE IN 47708** CITY-ST-ZIP

31. 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 of 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 changed, or on an attachment with an address, with a other like empowered.

SIGNATURE

Sharing Chit SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

como 3.6.2000 812.468.5661