2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 22, 2000 8:00 am Secretary of State DOCUMENT # F9400006637 ENVIROTÈCH PUMPSYSTEMS, INC. 01-22-2000 90035 017 ***150.00 Mailing Address Principal Place of Business 440 WEST 800 SOUTH 440 WEST 800 SOUTH SALT LAKE CITY UT 84101-2229 SALT LAKE CITY UT 84101 C0009234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 87-0529231 Not Applicable Country \$8.75 Additional Zin _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 Name C T 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CAP. #FILE NOW!!! FEE IS \$150.00 49. 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. ☐ Addition PD (Sabriagia) ☐ Delete Change TITLE THE STATE OF DAVID DUNBAR NAME NAME STREET ADDRESS STREET ADDRESS 149 NEWLANDS RD. CITY-ST-7IP CITY-ST-ZIP CATHCART GL ☐ Change ☐ Addition TITLE ☐ Delete TITLE VSD NAME NAME **NELSON, REED** STREET ADDRESS STREET ADDRESS 440 W. 800 SOUTH CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84101 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KRUMM, PETER STREET ADDRESS STREET ADDRESS 440 W. 800 SOUTH CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84101 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CARDER, DENNIS NAME STREET ADDRESS STREET ADDRESS 440 W. 800 SOUTH CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84101 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 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 all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED