2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** F95000004097 1. Entity Name BWOC INC. Principal Place of Business Mailing Address 50 WEST 990 SOUTH 50 WEST 990 SOUTH **BRIGHAM CITY UT 84302 BRIGHAM CITY UT 84302**

FILED Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90384 010 ***150.00



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2. Principal l	Place of Busin	ess	3. Mailing Address					[#H 19 HH []	IIS BIEII co i	
1104 Country Hills Drive 1104 (ry Hills D	cive					
Suite, Apt			Suite, Apt. #, etc.				DO NOT WRITE	N THIS SI	PACE	
City & Sta	ite	···	City & State			FEI Number				Applied For
Ógde		Utah	Ogden	Utah	**	1 Et Number	84-0948546			Applied For Not Applicabl
Zip		Country	Zip	Country						
8440	03	Weber	84403	Weber	5.	Certificate of S	status Desired		8.75 A ee Requi	
		and Address of Current R		, weber		Name and Ad	dress of New Regi			
	ATION SER	/ICE COMPANY	Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET				Guest Address (F.O. Dox Number is NOT Acceptable)						
TALLAHA	SSEE FL 32	301								· ·
				City				FL	Zip Co	de
O The chause									<u> </u>	-
u. The above	manneu entity	submits this statement for t	ne purpose of changing its	s registered office or	registered a	gent, or both, ir	the State of Florida	1.		
a a										
SIGNATURE	Signature transf	or printed name of registered agent and	datal of an artist and a					<u></u>		
•	aignature, typed i	printed name of registered agent and	o une il applicable. (NOT	E: Registered Agent signatur	e required when	reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat		50.00	1	n Campaign Financ and Contribution.	ing		00 May Be
11.			<u> </u>							
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Barre G. Burgon Secretary

(801)624-1000