2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500004515 May 31, 2000 8:00 am Secretary of State DARLING VISUAL SYSTEMS, INC. 05-31-2000 90096 006 ***150.00 Principal Place of Business Mailing Address 1401 HWY 49B NORTH P.O. BOX 970 PARAGOULD AR 72451 PARAGOULD AR 72450 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0606300 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition Change TITLE ☐ Delete NAME PRITZKER, ROBERT A STREET ADDRESS 225 WEST WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 TITLE **PGM** ☐ Delete TITLE Change ☐ Addition NAME NAME TOOMEY, KENT E STREET ADDRESS STREET ADDRESS 1401 HIGHWAY 49 B CITY-ST-ZIP CITY-ST-ZIP PARAGOULD AK Change ☐ Addition ☐ Delete TITLE TITLE VTD. NAME NAME GLUTH, R C STREET ADDRESS STREET ADDRESS 225 WEST WASHINGTON STREET CITY-ST-7)P CITY-ST-7IP . -CHICAGO IL 60606 ----☐ Delete ☐ Change ☐ Addition TITLE SGC TITLE NAME WEBB. ROBERT W NAME STREET ADDRESS STREET ADDRESS 225 WEST WASHINGTON STREET CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Change ☐ Delete TITLE ■ Addition NAME NAME WATSON, RAYMOND N STREET ADDRESS STREET ADDRESS 1401 HIGHWAY 49B CITY-ST-ZIP CITY-ST-ZIP PARAGOULD AR 72451 ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

RAYMOND N. WATSON