2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # F95000004670** 1. Fotity Name 04-12-2004 90307 030 ***150.00 FLYING J INC. Principal Place of Business Mailing Address 1104 COUNTRY HILLS DR. 1104 COUNTRY HILLS DR. OGDEN, UT 84403 **OGDEN, UT 84403** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 94-1663458 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7:- Name and Address of New Registered Agent-Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Ď Delete ☐ Addition TITLE MLE CALL, O. JAY NAME NAME STREET ADDRESS 1104 COUNTRY HILLS DR. STREET ADDRESS CITY-ST-7IP **OGDEN, UT 84403** CITY-ST-7IP Chairman ☐ Addition TITLE ☐ Delete TITLE TXI Change CALL, THAD J NAME NAME 1104 COUNTRY HILLS DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IF **OGDEN, UT 84403** CITY-ST-ZIP ☐ Detete MIF ☐ Channe ☐ Addition TITLE NAME MAGGELET, CRYSTAL C NAME STREET ADDRESS 1104 COUNTRY HILLS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **OGDEN, UT 84403** TIME DP Delete TITLE Change Addition ADAMS, J PHILLIP NAME NAME STREET ADDRESS 1104 COUNTRY HILLS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **OGDEN, UT 84403** ☐ Addition **VPST** TITLE Channe TIDE ☐ Delete **BURGON, BARRE G** NAME MAME STREET ADDRESS 1104 COUNTRY HILLS DR 🙉 🚉 👵 STREET ADDRESS OGDEN, UT 84403 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TM F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURF:

Barre G. Burgon / Sr. VP & Secretary

04/07/2004

FILED