

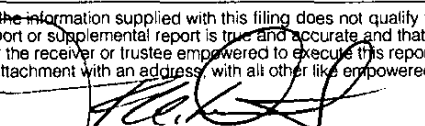


FILED
Apr 07, 2008 8:00 am
Secretary of State

40062081



03312008 Chg-P CR2E034 (12/06)

DOCUMENT # F95000004670						04-07-2008 90069 004 ***150.00		
1. Entity Name FLYING J INC.								
Principal Place of Business 1104 COUNTRY HILLS DR. OGDEN, UT 84403			Mailing Address 1104 COUNTRY HILLS DR. OGDEN, UT 84403			40062081		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03312008 Chg-P CR2E034 (12/06)		
City & State			City & State			4. FEI Number 94-1663458		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CALL, THAD J			NAME				
STREET ADDRESS	1104 COUNTRY HILLS DR.			STREET ADDRESS				
CITY - ST - ZIP	OGDEN, UT 84403			CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAGGELET, CRYSTAL C			NAME				
STREET ADDRESS	1104 COUNTRY HILLS DR			STREET ADDRESS				
CITY - ST - ZIP	OGDEN, UT 84403			CITY - ST - ZIP				
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ADAMS, J PHILLIP			NAME				
STREET ADDRESS	1104 COUNTRY HILLS DR			STREET ADDRESS				
CITY - ST - ZIP	OGDEN, UT 84403			CITY - ST - ZIP				
TITLE	VPST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BURTON BARRE SX			NAME	SECRETARY			
STREET ADDRESS	1104 COUNTRY HILLS DR			STREET ADDRESS	JAMES M. DESTER			
CITY - ST - ZIP	OGDEN, UT 84403			CITY - ST - ZIP	1104 COUNTRY HILLS DRIVE OGDEN, UTAH 84403			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				NAME	TREASURER			
STREET ADDRESS				STREET ADDRESS	ROBERT L. INKLEY			
CITY - ST - ZIP				CITY - ST - ZIP	1104 COUNTRY HILLS DRIVE OGDEN, UTAH 84403			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIP				CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.								
SIGNATURE: 				04/02/2008 (801) 624-1601				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				