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2002 UNIFORM BUSINESS REPORT (UBR)

Light Consultation of the Consultation of the

Mar 03, 2002 8:00 am **Secretary of State** F96000004778 DOCUMENT # 1. Entity Name 03-03-2002 90125 003 ***150.00 ROCKY MOUNTAIN EXPRESS CORP. Mailing Address Principal Place of Business PO BOX 4209 PO BOX 4209 **EVERGREEN CO 80437-4209 EVERGREEN CO 80437-4209** 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 84-0918715 Not Applicable Zip Zip Country 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 Ne Veau OWEN, RUSSELL C P.O. Box Number is Not Acceptable) 2301 PARK AVE STE 302 302 **ORANGE PARK FL 32073** Zip Code 32013 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 À SIGNATURE (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, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS Addition (9/01)Change TITLE ☐ Delete TITLE NAME NAME LENTZ, WILLIAM W 690 CLUB POND Rd STREET ADDRESS STREET ADDRESS RR #5 BOX 208A CITY-ST-7IP CITY-ST-ZIP RAEFORD NC 28376 Delete Addition TITLE TITLE [Change TIMOTHY PERKOWSKI 183 Quaker Way NAME BOSSICK, JOHN J NAME STREET ADDRESS STREET ADDRESS **2628 FREESTONE LANE** CITY - ST- 7IP CITY-ST-7IP bolden CD RALEIGH NC 27603 80401 TITLE ☐ Delete TITLE Change Addition Michael D. Desmono NAME PACIFICO, VINCENT. NAME STREET ADDRESS 8722-S. Westwoodla STREET ADDRESS 83 MICHIGAN AVENUE Highlands Ranch CO MASSAPEQUA NY 11756 CITY-ST-7IP CITY-ST-ZIP 80124 Delete Shari G. Henderson Addition TITLE TITLE ☐ Change NAME ADELSON, SEYMOUR NAME 34095 Ranchero Dr STREET ADDRESS **50 E 79TH STREET** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP NEW YORK NY 10021 ☐ Delete TITLE TITLE Change Addition NAME NAME STEPHENS, PHIL STREET ADDRESS STREET ADDRESS 2950 NE JELLISON ROAD CITY-ST-ZIP CITY-ST-ZIP **BLUE SPRINGS MO 64015** TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HENDERSON, WILLIAM J NAME STREET ADDRESS STREET ADDRESS 34095 RANCHERO DRIVE CITY-ST-ZIP CITY-ST-7IP **EVERGREEN CO 80439** 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #