2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9600005126 Jan 19, 2000 8:00 am **Secretary of State** CAPSCO INDUSTRIES, INC. 01-19-2000 90245 044 ***150.00 Mailing Address Principal Place of Business PO BOX 640 155 MAIN ST SUMITON AL 35148-0640 SUMITON AL 35148 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 63-1113319 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUCER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1005 PORTER ST ST GEORGE ISLAND FL 32328 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. Change ☐ Addition TITLE ☐ Delete TITLE KILLIAN, CHRIS' NAME NAME 1200 CORPORATE DR. SUITE 325 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35242** Addition Change TITLE ☐ Delete TITLE STRICKLAND, ROBERT E NAME NAME STREET ADDRESS 1200 CORPORATE DR. SUITE 325 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35242** Delete TITLE [] Change ☐ Addition TITLE AYCOCK, JEFF NAME NAME STREET ADDRESS 1200 CORPORATE DR. SUITE 325 STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35242** CITY-ST-ZIP ☐ Delete [] Change Addition TITLE TITLE HAGOOD, STAN NAME NAME OLD HWY 78 W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMITON AL 35148 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this ling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

indicated on this report or supplemental report is try of the corporation or the receiver or trustee empoyed changed, or on an attachment with an address, with