CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # F96000005485 1. Entity Name 03-06-2002 90067 025 ***150.00 DBG ENTERPRISES, INC. Principal Place of Business Mailing Address 140 S. LOCUST, THIRD FLOOR 140 S. LOCUST, THIRD FLOOR CENTRALIA IL 62801 CENTRALIA IL 62801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 37-1011196 Not Applicable 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 and the second of the second THE PRENTICE-HALL CORPORATION SYSTEM, INC. 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. 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, 2002 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 11. Change ☐ Addition TITLE ☐ Delete TITLE CPD NAME NAME GEARY, D. BRUCE STREET ADDRESS STREET ADDRESS 1628 E. MCCORD CITY-ST-ZIP CITY-ST-ZIP **CENTRALIA IL 62801** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME PIERCE, DONNA STREET ADDRESS STREET ADDRESS 12133 E VIOLET RD CITY-ST-ZIP CITY-ST-ZIP **MOUNT VERNON IL 62864** ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME GEARY, JANICE J -- -STREET ADORESS STREET ADDRESS 1628 E. MCCORD CITY-ST-7iP CITY-ST-ZIP **CENTRALIA IL 62801** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME FRASHIER, IRA KAYE STREET ADDRESS STREET ADDRESS 1421 STATE ROUTE 161 CITY-ST-ZIP CITY-ST-ZIP CENTRALIA IL 62801 VICE PRESIDENT TITLE ☐ Addition TITLE ☐ Delete □ Channe BLAKE GRIFFIN NAME NAME 401 S. PLEASANT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CENTRALIA, IL 62801 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

:0007:D SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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