¥ **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Feb 27, 2001 8:00 am Secretary of State DOCUMENT # F9600006193 JUHQ, INC. 02-27-2001 90359 042 ***150.00 Principal Place of Business Mailing Address 6991 E. CAMELBACK 6991 E. CAMELBACK B360 SCOTTSDALE AZ 85251 SCOTTSDALE AZ 85251 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. FFI Number 86-0842962 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ☐ Addition TITI F Change □ Delete TITLE NAPP, DAVID A NAME NAME 6991 E. CAMELBACK, B360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SCOTTSDALE AZ 85251 □ Addition Change TITLE ☐ Delete TITLE EDWARDS, COLLEEN S NAME NAME 6991 E. CAMELBACK, B360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85251 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 suppliemental 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 trus ee 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DENT DELLOTIVE, AS AUTHORIZED AGENTALING Phone

2/14/01 480-423-5700

☐ Change

☐ Addition

CR2E034 (10/00