2000 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2000 8:00 am Secretary of State DOCUMENT # F96000006784 CHEETAH ADVANCED TECHNOLOGIES, INC. 08-08-2000 90014 029 ***550.00 Principal Place of Business Mailing Address 155 E BOARDWALK DR #280 155 E BOARDWALK DR #280 FT. COLLINS CO 80525 FT. COLLINS CO 80525 **LUUIIJIJ** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 84-1350302 Not Applicable Country Zip Zip 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Addition TITLE ☐ Delete TITLE Arnosky, Jennifer L. 5322 Getaway Drive Berthaud Co 80513 MEAD, SCOTT N NAME NAME STREET ADDRESS 254 UPPER PRAIRIE DOG RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BANNER WY 82832 Delete ☐ Change ☐ Addition TITLE TITLE BENNETT, DAVID NAME NAME STREET ADDRESS 808 FARM QUARTER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MT. PLEASANT SC 29462 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MEAD, JESSICA NAME NAME 254 UPPER PRAIRIE DOG RD. STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP BANNER WY 82832 ■ Addition ☐ Change Delete TITLE MEAD, CHARLES J NAME NAME STREET ADDRESS 900 HIGHWAY 165 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLACITAS NM 87043 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/00 970-225-