## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **F96000006882** PIONEER - RAM, INCORPORATED 04-29-2000 90012 025 \*\*\*150.00 Principal Place of Business Mailing Address 5000 E. 29TH ST., NORTH 4600 SW 34TH ST WICHITA KS 67220-2111 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 48-1192385 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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 \$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, 2000 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. ☐ Delete TITLE ☐ Change TITLE VLAMIS, TED A NAME NAME STREET ADDRESS STREET ADDRESS 5000 E 19TH ST NO. CITY-ST-ZIP CITY-ST-ZIP WICHITA KS 67220 ☐ Change ☐ Addition TITLE ☐ Delete VLAMIS, BETTY NAME NAME 5000 E 29TH ST. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WICHITA KS ☐ Change Addition TD TITLE ☐ Delete TITLE DILLARD, JOE NAME NAME STREET ADDRESS STREET ADDRESS 5000 E 29TH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP WICHITA KS ☐ Change Addition TITLE ☐ Delete TITLE VLAMIS, TED A NAME 5000 E 29TH ST. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WICHITA KS TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 secure 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

J. űJóè SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

K. Dillard , 4/17/00

(316)688-8636

Daytime Phone #