**2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 11, 2001 8:00 am DOCUMENT # F 9700001017 Secretary of State 1. Entity Name Paper Work Blues?, Inc. 05-11-2001 90119 013 \*\*\*150.00 Principal Place of Business 2422 Juniper Place Little Diamond Island Portland, ME 04109 Sarasota, FL 34239 2. Principal Place of Business 3. Mailing Address Little Diamond Island 2422 Juniper Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hortland, ME <del>Sarasota</del> 01-0463005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 04109 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kathryn King 2422 Juniper Place Street Address (P.O. Box Number is Not Acceptable) Sarasota, FL 34239 City 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) -9.—This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete <u>~/v/s/</u>D ☐ Change X Addition Harry B. Dunn Little Diamond Island Portland HE 04109 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete P/T/D TITLE Change X Addition Happy R. Dunn Little Diamond Island Portland, MF 04109 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME John P. Noon STREET ADDRESS 1239 Secret Lake Loop STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lincoln, CA 95648 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. 4/23/01 207.766.2655 Dayline Phone # SIGNATURE: \ TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Dunn,