2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # F9800000175 1. Entity Name TON SERVICES INC. 05-11-2001 90121 027 ***150.00 Principal Place of Business Mailing Address 50 WEST 990 SOUTH 50 WEST 990 SOUTH BRIGHAM CITY UT 84302 BRIGHAM CITY UT 84302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 87-0498174 Not Applicable Zip Country 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 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition adams, J. Phillip NAME NAME 50 WEST 990 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** ☐ Delete TITLE TITLE ☐ Change ☐ Addition GERMER, RICHARD E NAME NAME STREET ADDRESS 50 WEST 990 SOUTH STREET ADDRESS CITY-ST-ZIP **BRIGHAM CITY UT 84302** CITY-ST-ZIP DS TITLE □ Delete TITLE ☐ Change ☐ Addition BURGON, BARRE G NAME NAME STREET ADDRESS STREET ADDRESS 50 WEST 990 SOUTH CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** Delete TITLE TITLE ☐ Change ☐ Addition BROWN, PAUL F NAME NAME STREET ADDRESS 50 WEST 990 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME

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 at her like empowéred.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Barre G. Burgon

05/02/01

(435) 734-3727

Date

Daytime Phone #