2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # F98000001372 1. Entity Name L.A. WHIPPLE, INC. 01-26-2001 90078 018 ***150.00 Principal Place of Business Mailing Address 93 PINE STREET P.O. BOX 22 NEWPORT NH 03773 NEWPORT NH 03773 2. Principal Place of Business 3. Mailing Address . te nion 147001 036 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 02-0219474 Not Applicable Zip Zip 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 WHIPPLE, LELAND A Street Address (P.O. Box Number is Not Acceptable) 1410 FOREST LAKE BOULEVARD NAPLES FL 33942 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete Change TITLE TITLE WHIPPLE, LELAND A NAME NAME STREET ADDRESS 93 PINE STREET. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWPORT NH 03773** Cary 6. whipple Delete TITI F TITLE WHIPPLE, RODNEY P NAME NAME 93 PINE STREET STREET ADDRESS STREET ADDRESS Demont NH 03773 CITY-ST-7IP **NEWPORT NH 03773** CITY-ST-ZIP ☐ Change - ☐ Addition -D------☐ Delete TITLE TITLE -WHIPPLE, AMELIA D NAME NAME 93 PINE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWPORT NH 03773** ☐ Addition Change ☐ Delete TITLE TITLE WHIPPLE, ALLEN L NAME OLD NEWPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLAREMONT NH 03743 ☐ Change ☐ Addition TITLE ☐ Delete TITLE WHIPPLE, CARY G NAME NAME 127 PINE ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEWPORT NH 03773** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Christine W. Skarin

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.

NAME

STREET ADDRESS CITY-ST-ZIP

WHIPPLE, CHRISTINE A

P.O. BOX 1045 OAK ST

NEWPORT NH 03773

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: CLOSKOV Christine Skarin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR