2006 FOR PROFIT CORPORATION • REINSTATEMENT

FILED DOCUMENT # F98000001939 06 OCT 31 PM 3: 47 1. Entity Name **TUCSON NCH CORPORATION** SECRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6850 N. ORACLE ROAD 6850 N. ORACLE ROAD TUCSON, AZ 85704 TUCSON, AZ 85704 2. Principal Place of Business 3. Mailing Address 2850 E. Skyline Drive 2850 E. Skyline Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 10192006 REIN-P CR2E098 (11/05) 200 200 City & State City & State 4. FEI Number Applied For Tucson, AZ 86-0621685 Tucson, AZ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 85718 USA USA Fee Required 85718 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWII! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Р TITLE ☐ Delete TITLE ☐ Change ■ Addition HANSON, MICHAEL J 500081395165 10/31/06--01077--002 **75 NAME NAME 1130 CALLE DE LA CABRA STREET ADDRESS STREET ADDRESS **750.00 CITY-ST-ZIP TUCSON, AZ 85718 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change DIX, RANDAL G NAME NAME STREET ADDRESS 3415 E. RIVER RD. STREET ADDRESS CITY-ST-7/P TUCSON, AZ 87518 CITY-ST-ZIP TITLE (X) Delete TITLE ★ Change ☐ Addition NAME TUCKER, LAURIE E NAME Entringer, Eric 5372 N. Via Alcalde, Tucson, AZ 85718 STREET ADDRESS 5425 N. WILLOW THICKET WAY STREET ADDRESS TUCSON, AZ 85704 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachm SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO