2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000002226 May 24, 2000 8:00 am Secretary of State 1-800-RECONEX, INC. 05-24-2000 90154 039 ***150.00 Principal Place of Business Mailing Address 2500 INDUSTRIAL AVE. 2500 INDUSTRIAL AVE. HUBBARD OR 97032-9558 HUBBARD OR 97032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 93-1242033 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 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. into the late of the safe of Charles SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete Change ☐ Addition TITLE TITL F NAME MEISLAHN, TODD M STREET ADDRESS STREET ADDRESS 2500 INDUSTRIAL AVE. CITY-ST-ZIP CITY-ST-ZIP **HUBBARD OR 97032** TITLE Change ☐ Addition Delete TITLE NAME NAME WHEELER, JAMES STREET ADDRESS STREET ADDRESS 2500 INDUSTRIAL AVE. CITY-ST-7IP CITY-ST-ZIP **HUBBARD OR 97032** ☐ Change ☐ Addition TITLE Delete TITLE NAME BRANDES, JOSEPH NAME STREET ADDRESS STREET ADDRESS 2500 INDUSTRIAL AVE. CITY-ST-ZIP CITY-ST-7IP **HUBBARD OR 97032** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BRAUN. WILLIAM E STREET ADDRESS STREET ADDRESS 2500 INDUSTRIAL AVE. CITY-ST-7IP CITY-ST-ZIP **HUBBARD OR 97032** ☐ Change Addition X X)elete TITLE GOODMAN, WILLIAM NAME NAME Dale Powers STREET ADDRESS STREET ADDRESS 2500 INDUSTRIAL AVE 2500 INdustrial CITY-ST-ZIP CITY-ST-ZIP **HUBBARD OR 97032** Hubbard_OR_97032 ☐ Addition ☐ Delete TITLE Change TITLE NAME PATTERSON, DAN STREET ADDRESS STREET ADDRESS 2500 INDUSTRIAL CITY-ST-ZIP CITY-ST-ZIP **HUBBARD OR 97032** 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 attackment with an address, with all other like empowered.

₩illiam E. Braun

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

503-982-8000 Daytime Phone #

02/24/00