2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 21, 2000 8:00 am Secretary of State DOCUMENT # F9800003960 1. Entity Name READY MIX USA, INC. 08-21-2000 90216 008 \*\*\*550.00 Principal Place of Business Mailing Address 115 OFFICE PARK DR., STE. 350 115 OFFICE PARK DR., STE. 350 BIRMINGHAM AL 35223-2401 **BIRMINGHAM AL 35223-2401** 3. Mailing Address 2. Principal Place of Business 101868 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1151475 Not Applicable 916W1 \$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 POPE. WALTER Street Address (P.O. Box Number is Not Acceptable) 930 CAMPBELL RD. CENTURY FL 32535 Zip Code City 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 game of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE(IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. with be \$750.00 Tax filing requirement and elects to do so. 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 12. 11. CP ☐ Addition TITLE Delete TITLE ☐ Change BRYANT, PAUL W JR. NAME NAME STREET ADDRESS 814 FIRST NATIONAL BANK BLDG. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUSCALOOSA AL 35402 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TYSON, MARC B NAME NAME 2820 SURREY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BIRMINGHAM AL 35223** TITLE ☐ Delete TITLE Change ☐ Addition PHELPS, SAM M NAME NAME 814 FIRST NATIONAL BANK BLDG. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TUSCALOOSA AL 35402 ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.