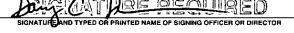
2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 am general Secretary of State DOCUMENT # F98000005124 1. Entity Name 05-05-2002 90225 041 ***150.00 ALPHA NEVADA CORPORATION Principal Place of Business Mailing Address 1223 WEST MAIN STREET PO BOX 228 **SUITE #253** SCHUYLER NE 68661 SUN PRAIRIE WI 53590 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 39-1919415 Not Applicable Country 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 Bernal ecilia CERRATO, CECILIA Street Address (P.O. Box Number is Not Acceptable) 14176 SW 163RD TERRACE **MIAMI FL 33177** 720 SW 775 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, 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 re direment and elects to do so. After May 1, 2002 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 11. 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME LUNDBERG, JACK STREET ADDRESS STREET ADDRESS 5168 S. CEMETARY RD CITY-ST-ZIP CITY-ST-ZIP POPLAR WI 54864 TITLE ☐ Delete TITLE Change ☐ Addition Gary Price 3779 Porkview Road NAME NAME STREET ADDRESS STREET ADDRESS Eun Proirie, WI 53590 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMĒ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:



FILED