2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F98000006041 Jan 20, 2000 8:00 am **Secretary of State** SURPAS RESOURCE CORPORATION 01-20-2000 90108 026 ***150.00 Mailing Address Principal Place of Business 10000 RICHMOND AVENUE. #150 10000 RICHMOND AVENUE. #150 HOUSTON TX 77042-4212 HOUSTON TX 77042 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 76-0184849 Not Applicable 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 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 爻 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Change TITI F ☐ Delete TITLE BADGER, JON P NAME STREET ADDRESS STREET ADDRESS 10000 RICHMOND AVENUE, #150 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77042** ☐ Delete ☐ Change TITLE ☐ Addition SCTD TITLE NAME KREISS, DAVID NAME STREET ADDRESS 5 CONCOURSE PKWY., #3100 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ATL'ANTA GA 30328 ☐ Change ☐ Addition TITLE ☐ Delete TITLE CRAVEY-RICAHRD L-JR-- ---NAME- . NAME ---STREET ADDRESS STREET ADDRESS 12 PIEDMONT CENTER., #210 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30305 ■ Addition ☐ Change ☐ Delete TITLE TITLE KITCHEN, GARRISON M NAME NAME STREET ADDRESS 12 PIEDMONT CENTER., #210 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30305 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNADURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)