2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 22, 2000 8:00 am DOCUMENT # F9800006349 Secretary of State OXBOW ENERGY & MINERALS, INC. 02-22-2000 90005 038 ***150.00 Principal Place of Business Mailing Address 1601 FORUM PL., STE. P2 1601 FORUM PL., STE. P2 WEST PALM BEACH FL 33401-8101 WEST PALM BEACH FL 33401 0 2 9 3 4 3 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0862334 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change Delete TITLE TITLE CHERRY, BERNARD H NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PL., STE. P2 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete Change Addition TITLE TITLE SHIPLEY, ZACHARY NAME NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PL., STE. P2 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 Addition □ Change Delete TITLE CALLAHAN, RICHARD P. NAME NAME STREET ADDRESS 1601 FORUM PL., STE. P2 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 □ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 feceiver of 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

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

Richard P. Callahan, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/31/00

561-697-4300

Change

Addition

Date

Daytime Phone #

CR2E034 (9/9)