2002 UNIFORM BUSINESS REPORT (UBR)

2001	2 UNIFORM BUSI	NESS REPOR	iT (UBR	i)	FILED	COOKCAN
DOCUMENT # F9800007126 J.P. NEWCO., INC.					Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90135 042 ***150.00	1002 AT
5000 WESTON	oce of Business DWN PKWY, STE 440 MOINES IA 50266	Mailing Address 5000 WESTOWN PKWY, STE 4 WEST DES MOINES IA 50266	·=		I KARIHRA UKA NGAN NOKA NOKA NOKA BRAH BRAK BAKK BUKK NOKA NOKA NOKA 1561 JAN	!
2. Principal P	Place of Business ON COMMUNITY	3. Mailing Address // SY CVMMUN ITY HOW	yo no. Use nomp			
Suite, Apt.		Suite Apt. #, etc. 25			DO NOT WRITE IN THIS SPACE	1
City & State	CHARLOTTE, NC	CHYM COTTO INC		4.	FEI Number Applied For 42-1480672 Not Applicable	1
Zip (82)	277 Country USA	Zip 28277 °	Country USI		. Certificate of Status Desired	1
	6. Name and Address of Current R D J JLF OF MEXICO DR., #204 DAT KEY FL 34228	egistereu Aye	Street Add	CORPO Igress (P.O.E	Name and Address of New Registered Agent ORATION SERVICES COMPANY Box Number is Not Acceptable) THASSER FL Zip Code 2 2 3 0 1	
9. This corporate filing respectively.	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.					
11.	OFFICERS AND D		12.	01	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	١Ę
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD NOBLE, D J 5000 WESTOWN PKWY, STE 440 WEST DES MOINES IA	7 ······	NAME STREET ADDRESS CITY-ST-ZIP	YANS 1302 W Houst	TW, 1x 77019	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VSD RICHARDSON, DEBRA J	0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA YANI 11540 1 SUITE CHYAR	ASUROR & SECRETARY Change Addition TO USE CAWRENCE NO COMMUNITY HOUSE ROAD ELECTRE, NO 28277	S. C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, WENDY L	ΓΕ 440	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	l
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 5,,,,,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	ĺ
TITLE NAME STREET ADDRESS CHY-ST-ZIP		<u> </u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	ı
13. I hereby of indicated of the conchanged,	TURE:	MIN all other like empowered.	. O	d in Section /e the same ter 607, Flori	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if	
	SINNE TORE AND LITTED OR FR	RINTED NAME OF SIGNING OFFICER OR DI	ARECTOR		Date Dayline Front *	