2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F9900000840 1. Entity Name DANIELS PETROLEUM COMPANY 04-16-2001 90268 039 ***150.00 Mailing Address Principal Place of Business 717 17TH STREET, STE 1545 717 17TH STREET. STE 1545 DENVER CO 80202 DENVER CO 80202 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 84-0958779 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSH, RANDOLPH J Street Address (P.O. Box Number is Not Acceptable) 250 PARK AVENUE SOUTH 5TH FL WINTER PARK FL 32789 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change PTD ☐ Delete TITLE TITLE BAKER, BARRETT D NAME NAME STREET ADDRESS 717 17TH STREET, STE 1545 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO ☐ Addition Delete ☐ Change TITLE MAIDEN, SABRINA R NAME STREET ADDRESS 8199 WELBY RD, STE 505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DENVER CO** Change Addition TITLE Delete TITLE Sherry L. Fage 3760 W. 84th Ave #29 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Westminster, co 80031 CITY-ST-ZIP ☐ Addition Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

303-293-9200

Daytime Phone #