FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 07, 2000 8:00 am Secretary of State DOCUMENT # F 99 000001341 1. Entity Name AIPC Sales Co. 06-07-2000 90007 046 ***150.00 Principal Place of Business Missoun Mailing Address 1000 Italian Way DU57601 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 43-1841448 Not Applicable \$8.75 Additional Country _ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT Corporation System
1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 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 FILENOWINGEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make The chick Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITLE Delete TITLE tresident and CEO Timothy S. Webster 3700 WI 65th Streets 66208 Shaunce Mission KS 66208 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP VP and CFO TITLE Warren B. Schmidgall Tun Rd 3630, SW Canter burny Tun Rd NAME NAME STREET ADDRESS STREET ADDRESS C!TY- ST- ZIP-TITLE Treadurer and Secretary David E. Watson 6708 NW Monticelly Terrace Ranson City, M. 64152 NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP Assistant Secretary Addition Change Delete TITLE NAME David Miller NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY- ST- ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADORES! CITY - ST- ZIP CITY- ST- ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADORES: 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 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

SIGNATURE: