2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attag

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # F99000003344 1. Entity Name 04-21-2002 90845 026 ***150 INTEGRITY INSTALLATION, INC. Principal Place of Business Mailing Address 1425 9TH AVE SW 1425 9TH AVE SW WATERTOWN SD 57201 WATERTOWN SD 57201 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 46-0450755 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7 Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAKER, JAMI Street Address (P.O. Box Number is Not Acceptable) 6900 NW 81ST COURT TAMARAC FL 33321 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. SIGNATŪRE (NOTE: Registered Agent signature required when reinstating) DATE 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 After May 1, 2002 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. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE **PST** ☐ Delete TITLE NAME NAME STEIGER, JAMES J STREET ADDRESS STREET ADDRESS 1206 10TH AVE NE CITY-ST-ZIP CITY-ST-ZIP WATERTOWN SD ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME EDISON, DAVID L STREET ADDRESS STREET ADDRESS 466 N LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP WATERTOWN SD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WOODFORD, RODNEY L STREET ADDRESS STREET ADDRESS 1018 16TH ST NE CITY-ST-ZIP CITY-ST-ZIP WATERTOWN SD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change ☐ Delete TITLE TITLE 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 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

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