## F99000003814

| -                                       |  |  |  |  |  |
|---|--|--|--|--|--|
| (Requestor's Name)                      |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (A plane a.)                            |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Duning on Futth Marsa)                 |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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## TRANSMITTAL LETTER

| ŤO:              | Amendment Section Division of Corporations   |  |  |  |  |  |
|------------------|--|--|--|--|--|--|
| SUBJI            | ECT: Fuel Managers, Incorporated (Name of corporation)   |  |  |  |  |  |
| DOCI             | MENT NUMBER: F99000003814  |  |  |  |  |  |
|                  | closed Statement of Change of Registered Office/Agent and fee are submitted for filing.  |  |  |  |  |  |
|                  | return all correspondence concerning this matter to the following:   |  |  |  |  |  |
|                  | Sabrina Tillapaugh   |  |  |  |  |  |
| (Name of person) |  |  |  |  |  |  |
|                  | US CorpWorks Inc. (Name of firm/company)   |  |  |  |  |  |
|                  | (Name of imm/company)  |  |  |  |  |  |
| 16               | 638 Pennsylvania Street (Address)  |  |  |  |  |  |
|                  | Denver, CO 80203   |  |  |  |  |  |
| •                | (City/state and zip code)  |  |  |  |  |  |
| For fur          | ther information concerning this matter, please call:  |  |  |  |  |  |
| Sabri            | na Tillapaugh  (Name of person)  at ( 888 ) 967.5799  (Area code & daytime telephone number)   |  |  |  |  |  |
| Enclos           | ed is a \$35.00 check made payable to the Department of State.   |  |  |  |  |  |
|                  | Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |  |  |  |  |  |



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|   |   | 02, 607.1508, or 617.1508, Florida Statutes, this  | statement of<br>in order |
|---|---|--|--------------------------|
|   | tted for a corporation organized under t<br>gistered office or registered agent, or bot                           |  | in oraer                 |
|   |   |  |                          |
|   | the corporation: Fuel Managers, Incor   |  |                          |
| 2. The principal  | office address: 10711 East 11th, Suite  | e 3, Tulsa, OK 74128-3203  |                          |
| 3. The mailing a  | address (if different):   |  |                          |
| 4. Date of incorp   | poration/qualification: 07/26/1999  | Document number: F99000003814  |                          |
|   | I street address of the current registered a timent of State:   | agent and registered office on file with the   |                          |
|   | CT Corporation System   |  |                          |
|   | 1200 South Pine Island Road   |  | 2 2                      |
|   | Plantation, FL 33324  |  | 04 APR 22                |
| 6. The name and (if changed):   | d street address of the new registered age  | ent (if changed) and /or registered office   | APR 22 AM IV.            |
|   | NRAI Services, Inc.   |  | FLOR                     |
|   | 526 E. Park Avenue  |  |                          |
|   | (P.O. Box or personal   | mailbox NOT acceptable)  |                          |
|   | Tallahassee, FL 32301   |  |                          |
| The street addr   | ess of its registered office and the stree  | t address of the business office of its registered   | l agent, as              |
|   |   | ed by its board of directors or by an officer so a ing of the change.  |                          |
|   | Signature of an officer or director)  | Robert Phillips, Sr., Vice Preside (Printed or typed name and title)   |                          |
| I further agree duties, and I an being filed mer been notified in NRAI Services | n familiar with and accept the obligation<br>of the reflect a change in the registered<br>writing of this change. | itutes relative to the proper and complete perfo<br>on of my position as registered agent. Or, if th<br>d office address, I hereby confirm that the corp | is document is           |
| by: \\  | (Signature of Registered Agent)   | April 8, 2004 (Date)   |                          |
| If signing on be  | ehalf of an entity:   |  |                          |
| Michael Mirri   | one   | Assistant Secretary  |                          |
|   | (Typed or Printed Name)   | (Capacity)   | <del></del>              |

\* \* \* FILING FEE: \$35.00 \* \* \*