2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # F99000004735 BLANSETT PHARMACAL CO., INC. 42 01-29-2001 90117 013 ***150.00 Principal Place of Business Mailing Address 14 PARKSTONE PLACE P.O. BOX 638 NORTH LITTLE ROCK AR 72116 NORTH LITTLE ROCK AR 72115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 71-0564067 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVAK, DANIEL Street Address (P.O. Box Number is Not Acceptable) 969 MAIN STREET ATLANTIC BECH FL 32233 Zip Code FL 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE **BLANSETT, LARRY** NAME NAME 14 PARKSTONE PLACE STREET ADDRESS STREET ADDRESS NORTH LITTLE ROCK AR 72116 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change THURMAN, JOHN NAME NAME 124 WEST CAPITOL STE 1650 STREET ADDRESS STREET ADDRESS LITTLE ROCK AR 72201 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE --- Delete-TITLE PARK, JOE JR. NAME NAME 173 CASTLE HEIGHTS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CABOT AR 72023** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FORD, MIKE NAME NAME 513 DR. GORMAN DRIVE STREET ADDRESS STREET ADDRESS **BELLE CHASSE LA 70037** CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KNOTTS, GLENN NAME NAME P.O. BOX 20787 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON YX 77225-0787 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALL. ALTA JEAN NAME NAME 14 PARKSTONE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH LITTLE ROCK AR 72116 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 supplied in an 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 of trustee empowered to exempte 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 acachinerit with an address, with all others the empowered. SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR