2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # H40332** 1. Entity Name RAMCO RESOURCES INCORPORATED 04-18-2000 90170 035 ***158.75 Mailing Address Principal Place of Business RAMCO RESOURCES INCORPORATED RAMCO RESOURCES INCORPORATED P.O. BOX 2347 P.O. BOX 2347 638516 HOLLYWOOD FL 33022 HOLLYWOOD FL 33022 3. Mailing Address 2. Principal Place of Business 2699 STIRLING RD DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2520399 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUDOFA RUDDER, NEAL 1747 VAN BUREN ST C-102 SUITE 800 HOLLYWOOD FL 33020 LAMPERDALE 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 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. ☐ Addition Change TITLE CPD □ Delete TITLE NAME RUDDER, NEAL NAME STREET ADDRESS STREET ADDRESS 4220 CASPER COURT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition Delete □ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F TITLE 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 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 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 wit

SIGNATURE: