2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # K87503** 1. Entity Name BROOK RESOURCES COMPANY 03-23-2000 90033 022 ***150.00 Principal Place of Business Mailing Address 401 11TH STREET 401 11TH STREET STE. 506 STE. 506 OWDOWS **HUNTINGTON WV 25701 HUNTINGTON WV 25701-2226** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0142151 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 ATKINS, RANDALL W. Street Address (P.O. Box Number is Not Acceptable) 101 BRADLEY PL #204-A **SUITE 1510** PALM BEACH FL 33480 Zip Code 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. DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete NAME NAME ATKINS, RANDALL W. STREET ADDRESS STREET ADDRESS 425 WHITAKER BLVD. CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON WV 25701** ☐ Addition ☐ Change TITLE ☐ Delete TITLE ATKINS, BARBARA NAME STREET ADDRESS STREET ADDRESS 425 WHITAKER BLVD. CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON CH WV 25701** ☐ Change 💢 Addition TITLE ☐ Delete ORINE ATEMS NAME 3701 TURILS COSELL BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS, MORKY 75219 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete 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 port 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 true e 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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 304/07-001