2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # K87503 BROOK RESOURCES COMPANY** 03-26-2001 90027 011 ***150.00 Principal Place of Business Mailing Address 401 11TH STREET 401 11TH STREET STE. 506 STE. 506 HUNTINGTON WV 25701 **HUNTINGTON WV 25701** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0142151 Not Applicable Zip Country 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 Name 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 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ATKINS, RANDALL W. NAME NAME 425 WHITAKER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUNTINGTON WV 25701** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE ATKINS, BARBARA NAME NAME 425 WHITAKER BLVD. STREET ADDRESS STREET ADDRESS HUNTINGTON-CH-WV-25701-CITY-ST-7IP CITY-ST-ZIP-Change ☐ Addition TITLE TITLE □ Delete ATKINS, ORIN E NAME NAME 3701 TURTLE CASELL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75219 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 of 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 with an address, with all other like empowered.

SIGNATURE:

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01 (212) 421-6898

FILED