2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 30, 2006 8:00 am Secretary of State DOCUMENT # L0000006597 03-30-2006 90196 020 ****50.00 INTERNATIONAL BARGE AND EQUIPMENT COMPANY, Principal Place of Business Mailing Address 385 RIVERBEND ROAD 385 RIVERBEND ROAD SHELBYVILLE, TN 37160 SHELBYVILLE, TN 37160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Number Applied For 58-2549896 Not Applicable Zip Country Zip Country \$5.00 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 JONES, RICHARD K Street Address (P.O. Box Number is Not Acceptable) **501 WEST BAY STREET** JACKSONVILLE, FL 32202 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. I am familiar with, and accept the obligations of registered agent. .. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MVP TITLE Delete TITLE ☐ Addition ☐ Change GSTOHL, KENNETH E NAME NAME STREET ADDRESS 7320 ST. RD. 13 N. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32092 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STALTSMAN, JOHN B JR. NAME 6221 Brownlee Drive 5569 KNOB ROAD STREET ADDRESS STREET ADDRESS Washville, IN 37205 CITY-ST-ZIP NASHVILLE, TN 37209 CITY-ST-ZIP MP ☐ Delete TITLE ☐ Change Addition NAME THORNTON, G.E. NAME STREET ADDRESS 115 MIDDLETON CIRCLE STREET ADDRESS NASHVILLE, TN 37215 CITY-ST-7IP CITY-ST-ZIP TITLE **MCFO** ☐ Delete TITLE □ Change ☐ Addition NEWTON, ROBERT R NAME NAME STREET ADDRESS 385 RIVERBEND ROAD STREET ADDRESS CITY-ST-ZIP SHELBYVILLE, TN 37160 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-23-06 931-684