## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001246  1. Entity Name SUPERMAG, L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address					OO FEB 10 AM 9: 30					
8500 FT. GREE BRADLEY FL 3	EN ROAD	8500 FT. GREEN ROAD BRADLEY FL 33835								
2. Principal Place of Business		3. Mailing Address P.O. Box 518			1001(21) 8/8 (811) 188() 882() 803() 804() 804() 804() 804() 804() 804() 804()					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State Bradley, FL		4. FEI	65-0789418			plied For t Applicable		
Zip	Country	Zip 33835	Coun	ntry	5. Cert	ificate of Status Desired		5.00 Add		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current		<b>1</b>		7. Nam	e and Address of New Regis	stered Ag	ent		]
				Name						
STALLS, FREDERICK D ESQ. 4100 GLADES RD				Street Address (P.O. Box Number is Not Acceptable)						
FT. PIERCE FL 34981										
				City			FL	Zip Code		
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or registe	ered agent,	or both, in the State of Florida	ļ.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature require	ed when reinsta	ting)	DATE			
	1.40.	Ell E Me	OWIII	FEE IS \$50.00	)		· ········			1
		Make Check Pa								
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CH	ANGES			1_
TITLE NAME	MGRM PIONEER AG-CHEM INC.	☐ Delicite	TETT	į.		20000314		_ Change • •••	Addition	R2E083 (9/99)
STREET ADDRESS CITY-ST-ZIP	4100 GLADES ROAD FT. PIERCE FL 34981			FET ADDRESS (-ST-ZIP		-02/23/09	0010	)340	06 T	12E08
TITLE NAME	MGRM J.H. HULL INC.	☐ Delete	TITL			<del>+++++</del> 50,		Chango	Addition	2
STREET ADDRESS CITY-ST-ZIP	1307 W. HIGHWAY 60 PLANT CITY FL 33567			FET ADDRESS (-ST-ZIP	-	inf 2/22/00	)	_		
TITLE NAME		☐ Delicto	TITL		×.	0	[	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
TITLE		Delete	TITL	i			[	Change	Addition	
NAME STREET ADDRESS				IE EET AODRESS (-ST-ZIP						
CITY-ST-ZIP	S S	☐ Delete	TITL		· · ·	•		Change	Addition	1
MAME STREET ADDRESS				EET ADDRESS						
CITY- &T-ZIP		□ Delete	CITY	f-8T-ZIP E			-	Change	Addition	+
MAME		L. Vanu	NAM	IE .			,			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS 7-St-Zip						
indicated limited lia	certify that the information supplied with on this report is true and accurate and ability company or the receiver or truster	that my signature shall have	the sam	e legal effect as if	made unde	er oath; that I am a managing	ther certif member	y that the ir or manage	formation r of the	
01-5	EN LANGE TO THE STATE OF THE ST	war beout	i (a) (C.)	\$* \footnote{\chi_{\text{\chi}}}		Hactor -	a e e e e e	, G 2		
SIGNAT	Une	NTED NAME OF SIGNING MANAGING				1/26/04 5		4 - 7.50 time Phone #		