2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000000186

Entity Name: FARMER FOUNDATION DRILLING, LC

FILED Sep 24, 2002 Secretary of State

6802 MAPLERIDGE #200 BELLAIRE, TX 77401

Current Mailing Address: New Mailing Address:

P.O. BOX 3333 6802 MAPLERIDGE #200 DES MOINES, IA BELLAIRE, TX 77401

FEI Number: 76-0612471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32399 US

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: P () Delete Title: MGR (X) Change () Addition

Name:FARMER, GLYENName:FARMER, GLYENAddress:6802 MAPLERIDGE, SUITE 200Address:6802 MAPLERIDGE, SUITE 200

City-St-Zip: BELLAIRE, TX 77401 City-St-Zip: BELLAIRE, TX 77401

Title: V () Delete Title: MGR (X) Change () Addition Name: RASMUSSEN, KURT Name: RASMUSSEN, KURT

 Address:
 5550 NE 22ND ST.
 Address:
 5550 NE 22ND ST.

 City-St-Zip:
 DES MOINES, IA 50313
 City-St-Zip:
 DES MOINES, IA 50313

 Name:
 RASMUSSEN, JEFFRY
 Name:
 RASMUSSEN, JEFFRY

 Address:
 5550 NE 22ND ST.
 Address:
 5550 NE 22ND ST.

 City-St-Zip:
 DES MOINES, IA 50313
 City-St-Zip:
 DES MOINES, IA 50313

Title: AS () Delete Title: MGR (X) Change () Addition

 Name:
 RASMUSSEN, JEFFRY
 Name:
 RASMUSSEN, JEFFRY

 Address:
 5550 NE 22ND ST.
 5550 NE 22ND ST.

 City-St-Zip:
 DES MOINES, IA 50313
 City-St-Zip:
 DES MOINES, IA 50313

Name: FARMER, MICHAEL Name: FARMER, MICHAEL

Address: 6802 MAPLERIDGE, SUITE 200
City St Zip: BELLAURE TV 77404

City-St-Zip: BELLAIRE, TX 77401 City-St-Zip: BELLAIRE, TX 77401

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 FARMER, MICHAEL

 Address:
 Address:
 6802 MAPLERIDGE

 City-St-Zip:
 City-St-Zip:
 BELLAIRE, TX 77401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: MICHAEL FARMER MGR 09/24/2002