

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

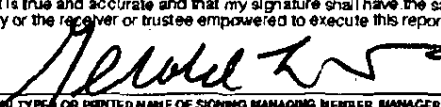
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

55037936



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # M01000001814					
1. Entity Name GLACIER MANAGEMENT, LLC					
Principal Place of Business CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			Mailing Address CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		
2. Principal Place of Business 10220 N. Ambassador Dr.		3. Mailing Address 10220 N. Ambassador Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kansas City, MO		City & State Kansas City, MO		4. FEI Number 43-1910862	
Zip 64153		Country US		Applied For ☐ Not Applicable	
Zip 64153		Country US		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when reinstating))					
FILE NO. W/11-REPT IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 200017877442 02/03--01051--001 **\$5.00					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	J.B., HUNT		NAME		
STREET ADDRESS	611 W. HIGHWAY 45		STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE, AR 72703		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MID-AM CAPITAL, LLC		NAME		
STREET ADDRESS	10220 N. EXECUTIVE HILLS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 64163		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	DFA, INC.		NAME	Dairy Farmers of America, Inc.	
STREET ADDRESS	10220 N. EXECUTIVE HILLS BLVD.		STREET ADDRESS	10220 N. Ambassador Dr.	
CITY-ST-ZIP	KANSAS CITY, MO 64163		CITY-ST-ZIP	Kansas City, MO 64153	
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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: 			4/22/03 (816) 801-6455		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Gerald L. Bos, Vice President					

CR2E083 (10/02)