2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 09, 2001 8:00 am Secretary of State DOCUMENT # N13061 1. Entity Name INROADS/JACKSONVILLE, INC. 03-09-2001 90478 026 ****70.00 Mailing Address Principal Place of Business 10 S BROADWAY STE 700 % VERDUN P. WOODS, JR. ST LOUIS MO 63102 6 EAST BAY, SUITE 350 JACKSONVILLE FL 32202 2. Principal Place of Business Same 3. Mailing Address Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 43-1381661 Not Applicable Country **\$8.75** Additional Zip Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change Delete TITLE TITLE MITCHELL, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 225 WATER ST 11TH FLOOR CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Addition Change TITLE Detete TITLE GRAHAM, DAVID G NAME STREET ADDRESS 6420 SOUTHPOINT PKWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32201 ☐ Addition Change ☐ Delete TITLE TITLE LAREAU, JEROME NAME NAME STREET ADDRESS 6061 BF GOODRICH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Change ☐ Addition PCE0 ☐ Delete TITLE TITLE STORY, CHARLES 1 NAME NAME STREET ADDRESS STREET ADDRESS 315 DEADERICK ST STE 1240 CITY-ST-ZIP CITY-ST-ZIP **NASHVILLE TN 37238** ☐ Addition TITLE □ Delete TITLE JACKSON, OTIS A NAME NAME STREET ADDRESS STREET ADDRESS 10 S BROADWAY STE 700 CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63102 ☐ Addition TITLE ☐ Delete TITLE NAME MILLIGAN, JAMES W NAME STREET ADDRESS STREET ADDRESS 661 RIVERSIDE AVE. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32204

12. 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 optrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.

SIGNATURE:

EOIIIR Executive Vice President 3/6/01 (314/241-748)

HHACHMENT D# N13001 AW30525

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