2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 AM
Secretary of State

DOCUMENT# N43214

Entity Name: HELPING OUR WILDLIFE, INC.

Current Principal Place of Business:

6555 EMERALD FOREST DR
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6555 EMERALD FOREST DRIVE
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-3051434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEVENGER, PAIGE A.
6555 EMERALD FOREST DRIVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLEVENGER, PAIGE A.
Address: 6555 EMERALD FOREST DRIVE
City-St-Zip: MILTON, FL

Title: DTS ( ) Delete
Name: NOEL, VIRGINIA E.
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL

Title: VD ( ) Delete
Name: CLIFTON, TONI L
Address: 217 WILLBROOK CIR NE
City-St-Zip: CLEVELAND, TN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLEVENGER, PAIGE A.
Address: 6555 EMERALD FOREST DRIVE
City-St-Zip: MILTON, FL 32570

Title: DTS (X) Change ( ) Addition
Name: NOEL, VIRGINIA E.
Address: 5613 HEATHER WAY
City-St-Zip: MILTON, FL 32570

Title: VD (X) Change ( ) Addition
Name: CLIFTON, TONI L.
Address: 7264 HAMPTON HILLS
City-St-Zip: NEW ALBANY, OH 43054

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 or supplemental report is true and accurate and that my electronic 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAIGE A. CLEVENGER PD 04/21/2002

Electronic Signature of Signing Officer or Director — Date