2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P04585** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** NATIONAL STEEL ERECTION OF KENTUCKY, INC. 01-19-2000 90189 039 ***150.00 Principal Place of Business Mailing Address 1115 INDUSTRIAL DRIVE 2205-A RAGU DRIVE P.O. BOX 1772 P.O. BOX 1772 OWENSBORO KY 42302-1772 OWENSBORO KY 42303 2. Principal Place of Business 3. Mailing Address 1115 INDUSTRIAL DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 61-0977838 OWENSBORD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE THOMPSON, CHUCK NAME NAME 1408 STANDISH PL. OWENSBORD, Ky. 42-301 4009 KENSINGTON, PLACE STREET ADDRESS STREET ADDRESS **OWENSBORO KY** CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE HORN, MICHAEL E NAME NAME 1900 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OWENSBORO, KY CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE

13. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR