2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07687 Mar 22, 2000 8:00 am 1. Entity Name Secretary of State AAA COOPER TRANSPORTATION, INC. 03-22-2000 90023 002 ***150.00 Principal Place of Business Mailing Address 1751 KINSEY ROAD P.O. BOX 6827 DOTHAN AL 36302-6827 DOTHAN AL 36303 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 63-0364620 Not Applicable Zip Country 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 UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. 11. PTD ☐ Addition ☐ Delete . Change TITLE DOVE, G. MACK NAME 1751 KINSEY ROAD STREET ADDRESS STREET ADDRESS DOTHAN AL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE COGGINS, CHARLES E. NAME NAME 1751 KINSEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARKLEY, JAMES E. NAME NAME 1751 KINSEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOTHAN AL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PEARCE, FRED J NAME NAME 1751 KINSERY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filling 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 of 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 propowered 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 addless with all other like empowered.

(834)793-2084