2002 UNIFORM BUSINESS REPORT. (UBR)

May 16, 2002 8:00 am Secretary of State **DOCUMENT #** P08651 1. Entity Name 05-16-2002 90040 028 ***150.00 CAULKINS COMPANY Principal Place of Business Mailing Address 1600 BROADWAY 1600 BROADWAY 80104970 **SUITE 1400** SUITE 1400 DENVER CO 80202 DENVER CO 80202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-0894021 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAULKINS, GEORGE P., JR. Street Address (P.O. Box Number is Not Acceptable) 15950 S.W. WARFIELD BLVD. INDIANTOWN FL 33456 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME CAULKINS, GEORGE P., JR. NAME STREET ADDRESS 1600 BROADWAY, STE. 1400 STREET ADDRESS CITY-ST-ZIP **DENVER CO** CITY-ST-7IP TITLE ☐ Delete ☐ Change M Addition NAME MASI, CAROLYN STREET ADDRESS 1600 BROADWAY, STE. 1400 STREET ADDRESS CITY-ST-ZIP **DENVER CO** CITY-ST-ZIP ☐ Delete TITLE Addition - NAME -NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

FILED