2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # P08993** 1. Entity Name BUFFALO ROCK COMPANY, INC. 03-17-2000 90005 012 ***150.00 Principal Place of Business Mailing Address % LARRY DUTTON % LARRY DUTTON P.O. BOX 10048 P.O. BOX 10048 BIRMINGHAM AL 35202-0048 BIRMINGHAM AL 35202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-0032365 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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** DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition TITLE ☐ Delete TITLE LEE, JAMES C. III NAME NAME 111 OXMOOR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BARKER, ROGER D. NAME NAME 111 OXMOOR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** TITLE Change ☐ Addition TITLE-Delete ALLUMS, MARY B. NAME NAME 111 OXMOOR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 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

OGER BARKER, CFO 3/

FILED