2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am DOCUMENT #P09342 -Secretary of State calf + Eddy Services, Inc. 05-03-2001 90992 007 ***150.00 Principal Place of Business Mailing Address C0059087 2. Principal Place of Business 3. Mailing Address Cook St 4950 Healthrum Forest 40-004 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable 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 Name Street Address (P.O. Box Number is Not Acceptable) City 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 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 After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME lease STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 by 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 atta with an add SIGNATUR SIGNATURE AN ICER OR DIRECTO

affachment Docth

Director

W. Christopher Chisholm

Title Director

40-004 Cook Street

Brian J. Clarke

Director

Palm Desert, CA 92211 55 Shulman Boulevard

Naperville, IL 60563

Officer

W. Christopher Chisholm

<u>Title</u>

President

Brian J. Clarke

Vice President & Secretary

Robert A. Meyer

Vice President

Wilfrid D. Neslon

Vice President & Assistant

Secretary

Kent S. Richardson

Vice President & Treasurer

40-004 Cook Street

Palm Desert, CA 92211

55 Shulman Boulevard

Naperville, IL 60563

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Palm Desert, CA 92211

14950 Heathrow Forrest Parkway

Suite 200

Houston, TX 77032

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