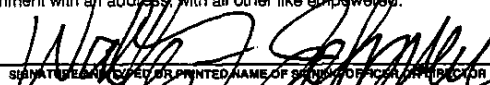


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91029 042 ***150.00

DOCUMENT # P19066 1. Entity Name JASPER CORP.					
Principal Place of Business 530 BEACON PARKWAY WEST STE 900 BIRMINGHAM, AL 35209			Mailing Address 530 BEACON PARKWAY WEST STE 900 BIRMINGHAM, AL 35209		
2. Principal Place of Business 1000 Urban Center Drive Suite, Apt. #, etc. Suite 370 City & State Birmingham, AL Zip 35242		3. Mailing Address 1000 Urban Center Drive Suite, Apt. #, etc. Suite 370 City & State Birmingham, AL Zip 35242			
Country USA		Country USA		03302004 Chg-P CR2E034 (10/03)	
4. FEI Number 51-0308719				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSEY, WALTER F. 530 BEACON PARKWAY WEST STE 900 BIRMINGHAM, AL 35209	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LONG, WILLIAM B. 530 BEACON PARKWAY WEST STE 900 BIRMINGHAM, AL 35209	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, WILLIAM B. 530 BEACON PARKWAY WEST STE 900 BIRMINGHAM, AL 35209	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			SIGNATURE:  Date:  Daytime Phone # _____		