2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # P21190** 1. Entity Name MEYER'S BAKERIES, INC. 03-27-2001 90039 028 ***150.00 Mailing Address Principal Place of Business 2700 EAST THIRD ST 2700 EAST THIRD ST HOPE AR 71801 HOPE AR 71801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 71-0395853 Not Applicable \$8.75 Additional Country Zip Country 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 ROAD PLANTATION FL 33324 Zip Code City 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. (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition President **CEO** ☐ Delete TITLE TITLE NAME NAME KEETER. CHUCK STREET ADDRESS STREET ADDRESS 2700 EAST THIRD ST CITY-ST-ZIP CITY-ST-ZIP HOPE AR 71801 Change ☐ Addition Delete TITLE C00 TITLE NAME NAME MEYER, CHRIS STREET ADDRESS STREET ADDRESS 2700 EAST THIRD ST CITY-ST-ZIP CITY-ST-ZIP HOPE AR 71801 Controller ☐ Change **Addition** TITLE Delete TITLE Debbie Marsh NAME-O'CONNOR, R. DENNIS' NAME 2700 East Third St STREET ADDRESS STREET ADDRESS 2700 EAST THIRD ST CITY-ST-ZIP Hope AR 71801 CITY-ST-ZIP **HOPE AR 71801** ☐ Addition ☐ Change Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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.

ING OFFICER OR DIRECTOR

3/16/01 870-777-