2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30371

1. Entity Name

ECOGARD, INC.

Principal Place of Business	Mailing Address
3499 DABNEY DR P.O. BOX 14000 LEXINGTON FL 40512	3499 DABNEY DR P.O. BOX 14000 LEXINGTON FL 40512-4000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
1301 Gervais Street			
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Same		
City & State Columbia SC	City & State	4. FEI Number 61-1179404	Applied For Not Applicable
Zip 29201	Country USA	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | **FILE NOW!!! FEE IS $150.00**
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. ☐ | $5.00 May Be Added to Fees |

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME BIEHL, JOHN C. STREET ADDRESS 3499 BLAZER PARKWAY CITY-ST-ZIP LEXINGTON KY	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Kenneth W. Winger 1301 Gervais St., Ste 300 Columbia SC 29201 ☒ Change ☐ Addition
TITLE PD NAME HUSTON, JAMES M. STREET ADDRESS 2029 IMPALA LANE CITY-ST-ZIP LEXINGTON KY	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Henry H. Taylor address same as above ☒ Change ☐ Addition
TITLE S NAME DEATON, MICHEAL F. STREET ADDRESS 3499 BLAZER PARKWAY CITY-ST-ZIP LEXINGTON KY 40509	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul R. Humphreys Chief Financial Officer address same as above ☒ Change ☐ Addition
TITLE T NAME BROCE, JOSEPH R STREET ADDRESS 1000 ASHLAND DR CITY-ST-ZIP RUSSELL KY 41169	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael J. Bragagnolo address same as above ☐ Change ☐ Addition
TITLE VPD NAME ROCCO, JAMES V. STREET ADDRESS 3499 BLAZER PARKWAY CITY-ST-ZIP LEXINGTON KY	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AST NAME JONES, RICHARD A STREET ADDRESS 3499 BLAZER PWKY CITY-ST-ZIP LEXINGTON KY 40509	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Henry H. Taylor, Secretary   2-7-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

803-933 4279