2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P38268 Jun 07, 2000 8:00 am **Secretary of State** HEIFER PROJECT INTERNATIONAL, INC. 06-07-2000 90438 018 ****70.00 Principal Place of Business Mailing Address 1015 Louisiana Street 1015 Louisiana Street Little Rock, Arkansas 72202-3815 Little Rock, Arkansas 72202-3815 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 31-1019477 Not Applicable Zip Country 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 Jackson, Rev. John 924 N. Magnolia Avenue Suite 100 Street Address (P.O. Box Number is Not Acceptable) Orlando, FL 32803 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete McLean, Ronald NAME NAME STREET ADDRESS 220 Broadway STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cambridge, MA 02139 ☐ Delete TITLE ☐ Change ☐ Addition TITLE Steiner, Ken NAME NAME 1611 East 700 South STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Berne, IN 46711 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DeVries, James NAME NAME 9502 Vanderbilt Drive STREET ADDRESS STREET ADDRESS CITY-ST-7IP Little Rock, AR 72204 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Harrison, Kenneth NAME NAME STREET ADDRESS STREET ADDRESS 4509 Oaklawn Drive CITY-ST-ZIP CITY-ST-ZIP North Little Rock, AR 72116. ☐ Addition Change □ Delete Luck, Jo NAME STREET ADDRESS STREET ADDRESS 1603 N Pierce CITY-ST-ZIP CITY-ST-ZIP Little Rock, AR 72207 Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an apdress, with all other like empowered.

SIGNATURE:

12645 UREST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR