2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000013042 Jan 19, 2000 8:00 am **Secretary of State** SHILOH CREEK COMPANIES, INC. 01-19-2000 90158 039 ***163.75 Mailing Address Principal Place of Business 70 OLD BYRAM LAKE RD 29211 SR 643 ARMORK NY 10504-2049 FRESNO OH 43824 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3174468 Not Applicable \$8.75 Additional 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 COBB, THOMAS C ESQ Street Address (P.O. Box Number is Not Acceptable) 1399 SW 1ST AVE **STE 400** MIAMI FL 33130 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition **PSTD** TITLE ☐ Delete TITLE LUNDSTEN, JOHN M. NAME STREET ADDRESS STREET ADDRESS 31095 TR 11 CITY-ST-ZIP CITY-ST-7IP FRESNO OH ☐ Addition ☐ Change ☐ Delete TITLE PHILLIPS, JOHN R NAME STREET ADDRESS STREET ADDRESS 31095 TR 11 CITY-ST-ZIP CITY-ST-ZIP FRESNO OH ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 outputsee 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 attackment wi