FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 15000027709 DOCUMENT # Alpha 2001, Inc. Principal Place of Business 5626 Bayry more Rd. Centre Une, VA 20120 903 3105t. Camanche, IA 52430 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified April 17,1994 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite Apt # alc. 5626 Barrymore Rd \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State Contreville, UA 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible Zip 20120 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 82 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am lapmar why and accept the objection 607.0505. Florida Statutes. ergestered Ages 1 signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1.1IILE TITLE Mária Herman Rose Pickering 1.2 NAME NAME 5626 Barrymore Rd. STREET ADDRESS 1.3 STREET ADDRESS Centreville, VA 20120 Camanche, IA 52730 1 4 CITY - ST - 7IP CITY-ST-ZIP Change DELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST - 7IP ☐ DELETE ☐ Addition TITLE 5.1 DH.E. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY- \$1 - ZU CITY-ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE 0000025236**5** -05/14/98--01060--031 NAME 6.2 NAME STREET ADDRESS 6.3 STHELL ADDRESS ***150.00 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental africal report is lifter and accurate and that my signature shall have the same legal effect as if made under earlit; that I am an officer or director of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapaged, or on an attachment with an address.

SIGNATURE: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #