2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # P96000072902 1. Entity Name J. E. MURPHY COMPANY, INC. OF FLORIDA 04-28-2000 90133 016 ***150.00 Mailing Address Principal Place of Business 572 EAST MCNAB ROAD 6440 N.W. 5TH WAY FORT LAUDERDALE FL 33060-9355 POMPANO BEACH FL 33060 **US** 3. Mailing Address 2. Principal Place of Business P O Box 6368 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0693498 Not Applicable <u>Lauderdale</u> \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 33310 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chuck Smith PAULSEN, CLAUDETTE Street Address (P.O. Box Number is Not Acceptable) 1080 Woodstock Rd., Suite 276 6440 N.W. 5TH WAY FORT LAUDERDALE FL 33310-6368 Orlando 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. Chuck Smith State Business Director 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE Director, CEO, President NAME MURPHY, JAMES E MAME Darryl D. Hansen STREET ADDRESS STREET ADDRESS 14805 N. 73RD STREET 1111 Ashworth Rd CITY-ST-ZIP West Des Moines, CITY-ST-7IP SCOTTSDALE AZ 85260-3107 Addition TITLE Director, Treasurer, CFO Change ☐ Delete TITLE NAME Douglas K. Howell NAME MURPHY, JAMES L STREET ADDRESS STREET ADDRESS 7301 OHMS LANE, SUITE 355 same as above CITY-ST-ZIP CITY-ST-ZIP **EDINA MN 55439** ☐ Change ☐ Addition ☐ Delete TITLE TITLE Robert A. Crane NAME NAME same as above STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D/V Change Addition ☐ Delete TITLE TITLE NAME Janice K. Beckstrom NAME STREET ADDRESS STREET ADDRESS same as above CITY-ST-ZIP CITY-ST-70 ☐ Addition TITLE Delete

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.

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

umas

☐ Delete

Thomas C. Farr

same as above

☐ Change

☐ Addition

CR2E034 (9/99)