2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000075472 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** IMPACT ADMINISTRATIVE SERVICES, INC. 01-24-2000 90088 015 ***150.00 Principal Place of Business Mailing Address 1875 SKI TIME SQUARE 1875 SKI TIME SQUARE SUITE ONE STEAMBOAT SPRINGS CO 80487 STEAMBOAT SPRINGS CO 80487-9016 2. Principal Place of Business 3. Mailing Address 2155 Report Drue 155 Resor Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. wite 108 ii te 108 City & State City & State 4. FEI Number Applied For 58-2338715 teambore Not Applicable Country (L) S Zip Country \$8.75 Additional 5. Certificate of Status Desired us Fee Required 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B & C CORPORATE SERVICES, INC.** Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD SUITE 3000 MIAMI FL 33131 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME JORDAN, W. NEAL NAME STREET ADDRESS STREET ADDRESS PO BOX 121 223 B MAIN ST CITY-ST-ZIP CITY-ST-ZIP BOXFORD MA 01921 Delete ☐ Addition Change TITLE TITLE clark, Charles R CLARK, CHARLES R NAME NAME 2155 Resort Drue, Ste 108 STREET ADDRESS STREET ADDRESS 1875 SKI TIME SQUARE SUITE ONE steambout Springs, CO 80407 CITY-ST-ZIP CITY-ST-ZIF STEAMBOAT SPRINGS CO 80487 ☐ Delete Elko, Albert J TITLE TITLE NAME NAME 2933 Jacks Rin Road STREET ADDRESS STREET ADDRESS White oak PA 15/31 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Davtime Phone #