## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # P98000067785 1. Entity Name STARCH CONVERSION TECHNOLOGIES, INC. 05-31-2000 90019 033 \*\*\*150.00 Mailing Address Principal Place of Business 1483 WELLINGTON CIRCLE 1483 WELLINGTON CIRCLE ROCKLEDGE FL 32955-4328 ROCKLEDGE FL 32955 2. Principal Place of Business 869 Colf Dave 3. Mailing Address 869 Col+ Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Wake Firet, NC Applied For 4. FEI Number City & State A<del>PPLIED FO</del>R Wake Forest NC 91-1772017 Not Applicable Zip 2.7587 Country USA \$8.75 Additional 5. Certificate of Status Desired 27587 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M. Jones Ja SWANSON, TIMOTHY R Street Address (P.O. Box Number is Not Acceptable) 1483 WELLINGTON CIRCLE **ROCKLEDGE FL 32955** Zip Code 9278--6356 Titus ville 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. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ■ Addition TITLE ☐ Delete TITLE SWANSON, TIMOTHY R NAME NAME 869 Co 1+ Daine 1483 WELLINGTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Wake Forest, NG CITY-ST-ZIP ROCKLEDGE FL 32955 TITLE Change Change ☐ Addition TITLE ☐ Delete SWANSON, DONNA J NAME NAME 869 Colt Drive 1483 WELLINGTON CIRCLE STREET ADDRESS STREET ADDRESS Wale Forest NC 27587 CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE [] Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete 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

Donna J. Swanson 4/29/2000 919.