FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 31, 2000 8:00 am Secretary of State DOCUMENT # P98000108083 05-31-2000 90006 048 ***550.00 AJM TRANSPORT, INC. Principal Place of Business Mailing Address 2311 ROGERS ROAD 2993 S PEORIA ST LAKELAND FL 33813 AURORA CO 80014-5705 2. Principal Place of Business 3. Mailing Address 12311 E. Cornell Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 23. City & State City & State 4. FEI Number Applied For 91-1942641 Aurora, CO Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required USA 80014-3323 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REHER, DEBORA C Street Address (P.O. Box Number is Not Acceptable) 2311 ROGERS ROAD LAKELAND FL 33813 Zip Code FL 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 Signature, typed or printed name of registered 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change TIT! F Delete TITLE MCPHERSON, ALEXANDER NAME STREET ADDRESS STREET ADDRESS 2513 CLINE ROAD CITY-ST-ZIP CITY-ST-ZIP **BILLINGS MT 59103** DST Change ☐ Addition ☐ Delete TITLE TITLE STD NAME REHER, DEBORA C NAME Reher, Debora C. STREET ADDRESS STREET ADDRESS 2993 S PEORIA ST, #G7 12311 E. Cornell Ave. #23 CITY-ST-ZIP - + + CITY-ST-ZIP AURORA CO 80014 Aurora, CO 80014-3323 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS 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 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP

13. I hereby 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debora C. Reher Secretary

05-20-00

303-750-4930

Daytime Phone #