FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **\$59900** (8)ARROW ENERGY, INC. Principal Place of Business Mailing Address 5309 DUBLIN ROAD 5309 DUBLIN ROAD DUBLIN FL 43017 DUBLIN FL 43017 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1991 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0267962 21 Not Applicable 26 Suite, Ant. #. otc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Ζφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FILINGS, INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33311 83 City Zip Code 85 FL 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 office or 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of nigistered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1 1 TITLE TITLE SMITH, MICHAEL NAME 1.2 NAME CR2E034 5309 DUBLIN ROAD STREET ADDRESS 1.3 STREET ADDRESS **DUBLIN OH 43017** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Addition DS Change TIFLE 2.1 TITLE SMITH, IAN N NAME 2.2 NAME 5309 DUBLIN ROAD 2.3 STREET ADDRESS STREET ADDRESS **DUBLIN OH 43017** 2. 4 CiTY-ST-ZIP City-\$1-7(2) DELETE Addition Change TITLE 31 TITLE SMITH, IAN N NAME 3.2 NAME 5309 DUBLIN ROAD STREET ADDRESS 3.3 STREET ADDRESS **DUBLIN OH 43017** CITY - ST - ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE Change TITLE 6.1 TITLE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an application with an agrees. MICHAEL S. SMIDT SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME