2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **F96000005078** FIRST CHOICE FOR CONTINENCE, INC. 04-18-2000 90153 009 ***150.00 Principal Place of Business Mailing Address 1132 GARDENWAY 1132 GARDENWAY MANHATTAN KS 66502 MANHATTAN KS 66502-1739 us 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 84-1278575 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINSTROM, KAREN Street Address (P.O. Box Number is Not Acceptable) 3493 WINCHESTER DRIVE PORT ORANGE FL 32119 Zip Code City 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) DATE 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 12. 11. Change ☐ Addition **PCD** ☐ Delete TITLE NAME NEWMAN, CARL NAME STREET ADDRESS STREET ADDRESS 7247 SOUTH SUNDOWN CIR CITY-ST-ZIP CITY-ST-ZIP LITTLETON CO 80120 ☐ Addition Change | VSD ☐ Delete TITLE FINSTROM, KAREN NAME STREET ADDRESS 3493 WINCHESTER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Change Addition ☐ Delete TITLE TITLE NAME FOLKERTS, DEB NAME STREET ADDRESS 1808 LITTLE KITTEN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANHATTAN KS ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN