2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee em changed, or on an attachment with a

SIGNATURE:

May 07, 2002 8:00 am Secretary of State DOCUMENT # F99000003812 1. Entity Name 05-07-2002 90249 031 ***150.00 TECHNE STRUCTURES, INC. Principal Place of Business Mailing Address 8777 BROADUS LOOP RD P.O. BOX 923 EIGHT MILE AL 36613 SEMMES AL 36575 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 63-0978582 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLMES, CHESTER J Street Address (P.O. Box Number is Not Acceptable) 3200 HARBOR ROAD KISSIMMEE FL 34746 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) 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FELLOWS, STEVE STREET ADDRESS STREET ADDRESS 8777 BROADUS LOOP ROAD CITY-ST-ZIP CITY-ST-7IP **EIGHTMILE AL 36613** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FELLOWS, KAREN STREET ADDRESS STREET ADDRESS 8777 BROADUS LOOP ROAD CITY-ST-ZIP CITY-ST-ZIP **EIGHTMILE AL 36613** Change ☐ Addition TITLE --. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this indicated on this report or supplemental report is in

FILED