2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # P30631** 03-23-2000 90003 049 ***150.00 ARMFIELD INCORPORATED Principal Place of Business Mailing 'Address PRICE WATERHOUSE COOPERS LLP PRICE WATERHOUSE COOPERS LLP 1299 FARNAM, SUITE 1000 1299 FARNAM, SUITE 1000 CMANA NE 68102 OMAHA NE 68102-1841 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 42-1333634 Not Applicable Country \$8.75 Additional Country Zip Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Defete TITLE TITLE addis, Christopher J. NAME NAME 56 CARROLL AVENUE, FERNDOWN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLAND ☐ Change Addition Delete TITLE TITLE FARROW, SIMON F. NAME STREET ADDRESS STREET ADDRESS DIAL CT BURLEY RD CITY-ST-7/P CITY-ST-ZIP **ENGLAND** [] Change Addition ☐ Delete TITLE TITLE FARROW, SIMON F. NAME NAME STREET ADDRESS DIAL CT BURLEY RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ENGLAND** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flue 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 corp. attion or the receiver of trustee emitting the effect of the corp. attions or the receiver of trustee emitting the effect of the corp. The c

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

☐ Addition