2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2005 08:00 AM DOCUMENT # F01000000135 **Secretary of State** 1. Entity Name DON YOUNG COMPANY, INC. OF HOUSTON Principal Place of Business Mailing Address 8181 AMBASSADOR ROW P O BOX 560608 DALLAS TX 75247 DALLAS TX 75247 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 75-1962201 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. NDQQQD230663 Change Addition BILLE PCD ☐ Delete YOUNG, DON NAME 02/15/05-80051-021 150.00 8181 AMBASSADOR ROW STREET ADDRESS STREET ADDRESS DALLAS TX 75247 CITY-ST-7IP CITY-ST-ZIP BILE Delete Change Addition YOUNG, SCOTT NAME NAME 8181 AMBASSADOR ROW STREET ADDRESS STREET ADDRESS DALLAS TX 75247 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME YOUNG, SUE NAME STREET ADDRESS STREET ADDRESS 8181 AMBASSADOR ROW CITY: ST. ZIP CITY-ST-ZIP DALLAS TX 75247 TITLE Delete THE ☐ Change T Addition LOTER, DAVID MICHAEL NAME NAME STREET ADDRESS 8181 AMBASSADOR ROW STREET ADDRESS CITY-ST-ZIP DALLAS TX 75247 CITY-ST-ZIP TOTLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUT-ST-ZIP CITY-ST-ZIP TITLE Defete HILE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

Clifford W. Cordell

SIGNATURE

FILED

214-630-0934