

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005938

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90067 016 \*\*\*150.00

1. Entity Name  
**FORNEY CORPORATION**

Principal Place of Business <b>3405 WILEY POST RD. CARROLLTON TX 75006</b>	Mailing Address <b>3405 WILEY POST RD. CARROLLTON TX 75006-5115</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>51-0354053</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST., #105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EHMKE, BRENT</b>	
STREET ADDRESS	<b>3405 WILEY POST ROAD</b>	
CITY-ST-ZIP	<b>CARROLLTON TX</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HANNON, JOHN F</b>	
STREET ADDRESS	<b>700 NICKERSON RD.</b>	
CITY-ST-ZIP	<b>MARLBOROUGH MA 01752</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CONNELL, W.S.T.</b>	
STREET ADDRESS	<b>3405 WILEY POST ROAD</b>	
CITY-ST-ZIP	<b>CARROLLTON TX 75006</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jack Satterfield</b>	
STREET ADDRESS	<b>3405 Wiley Post Road</b>	
CITY-ST-ZIP	<b>Carrollton, TX 75006</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: W.S.T. Connell, Treasurer 2/18/2000 972(458 6432)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)