2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# F98000006689

Entity Name: JOHN CHANCE LAND SURVEYS, INC.

Current Principal Place of Business:

200 DULLES DRIVE
LAFAYETTE, LA 70506

New Principal Place of Business:

Current Mailing Address:

200 DULLES DRIVE
LAFAYETTE, LA 70506

New Mailing Address:

FEI Number: 72-1431186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RHINEHART, CHARLES G
Address: 200 DULLES DRIVE
City-St-Zip: LAFAYETTE, LA 70506

Title: AS ( ) Delete
Name: BUTLER, DONNA L
Address: 200 DULLES DRIVE
City-St-Zip: LAFAYETTE, LA 70506

Title: T ( ) Delete
Name: SCHILLER, JENIFER L
Address: 200 DULLES DRIVE
City-St-Zip: LAFAYETTE, LA 70506

Title: S ( ) Delete
Name: FONTENOT, SUNDRA T
Address: 6100 HILLCROFT SUITE 700
City-St-Zip: HOUSTON, TX 77081

Title: D ( ) Delete
Name: GOODMAN, O
Address: 6100 HILLCROFT SUITE 700
City-St-Zip: HOUSTON, TX 77081

Title: D ( ) Delete
Name: KASPAREK, JOE E
Address: 6100 HILLCROFT SUITE 700
City-St-Zip: HOUSTON, TX 77081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STUTES, PHILIP J
Address: 200 DULLES DRIVE
City-St-Zip: LAFAYETTE, LA 70506

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENIFER L SCHILLER TREA 04/30/2008

Electronic Signature of Signing Officer or Director — Date