2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Junda P. Franch (LYNDAP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # N0100003078 1. Entity Name TABLE SHUFFLEBOARD ASSOCIATION, INC.								0	4-28-2008	90318 02	24 ****70.	30
Principal Place of Business 12710 RED DEER PASS AUSTIN, TX 78729			Mailing Address 12710 RED DEER PASS AUSTIN, TX 78729						R IIIN BIN BIN BIN B	EME 10 78 10.11		HIGH 81 1 16 1
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite. Apt. #, etc.			Suite, Apt. #, etc.				0128	32008 C	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State			·	4. FE	1 Number 8-034/54	64	,	⊢ + ·	plied For Applicable
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent						Nama	7. Na	me and Ad	dress of New	Registered	Agent	
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR					Name Street Address (P.O. Box Númber is Not Acceptable)							
MIAMI, FL	33145				İ							
						City				FI	Zip Code	9
	ions of regist	y submits this statement fuered agent. or printed name of registered agent.			-	ed office or re			n the State of F	Florida. I am	n familiar with,	and accept
	Filing Fe	e is \$61.25		9. Election Ca	mpaign F	inancing				Make che	ck payable to	
:	_	e is \$61.25 fay 1, 2008		9. Election Ca Trust Fund	Contribut		\$5.00 Added	0 May Be to Fees	Fk	orida Depa	irtment of Si	late
10.	Due by N		NRECTORS	Trust Fund	Contribut	ion.	\$5.00 Added	to Fees		orida Depa	DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITT, DAI 7401 NOF	Aay 1, 2008 OFFICERS AND D N RTH CRESTLINE	IRECTORS	Trust Fund	11. TITU NAM	ion. E	\$5.00 Added	to Fees	Fk	orida Depa	irtment of Si	late
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2008 NOT-FOR-PROFIT CORPORATION P9 2063,2) ANNUAL REPORT DOCUMENT # N01000003078 TABLE SHUFFLEBOARD ASSOCIATION, INC. Principal Place of Business Mailing Address 12710 RED DEER PASS 12710 RED DEER PASS AUSTIN, TX 78729 AUSTIN, TX 78729 40083153 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E037 (12/06) City & State City & State Applied For FEI Numbe 68-0346464 Not Applicable Country Zip 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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145 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. 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) DATE 9. Election Campaign Financing \$5.00 May Ba Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D ☐ Detete TITLE ☐ Change ☐ Addition HUNT, BOB NAME NAME 380 CEDAR RIVER WAY STREET ADDRESS STREET ADDRESS SACRAMENTO, CA 95831 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME KIDD, HARVEY NAME STREET ADDRESS 11915 MOUNTAIN RIDGE ROAD STREET ADDRESS HOUSTON, TX 77043 CITY-ST-ZIP CITY+ST-ZIP Delete ☐ Change ☐ Addition THIE PERRY, HAL NAME NAME 942 DONDRA WAY STREET ADDRESS STREET ADDRESS SACRAMENTO, CA 95838 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete SIEBERT, GERALD NAME NAME 3990 WILLOW RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLT, MI 48842 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F VALK DON NAME NAME STREET ADDRESS 8003 BOUNTY TRAIL STREET ADDRESS CITY-ST-ZIP City-St-ZIP **AUSTIN, TX 78749** ☐ Change ■ Addition TITLE ☐ Delete TITLE WALKER, STEVE NAME NAME 122 W BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUSHING, OK 74023 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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.

2008/NOT-FOR-PROFIT CORPORATION VENDQ 3883 (20017) ANNUAL REPORT DOCUMENT # N01000003078 TABLE SHUFFLEBOARD ASSOCIATION, INC Principal Place of Business Mailing Address 40083153 12710 RED DEER PASS 12710 RED DEER PASS AUSTIN, TX 78729 AUSTIN, TX 78729 2. Principal Place of Business - No P.O. Box # 3. Mailing Address (N01000003078N) Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 68-0346464 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re instating) \$5.00 May Bs Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAKO, FRANK NAME NAME 1068 NW PRINDLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHEHALIS, WA 98532 CITY-ST-ZIP ☐ Change Additio TITLE ☐ Delete TITLE PITTMAN, RICK NAME NAME STREET ADDRESS 555 WESTWOOD ROAD STREET ADDRESS HOUSTON, MO 65483 CITY-ST-7IP CITY-ST-ZIF Delete TITLE ☐ Change ☐ AddItion PAYNE, JIM NAME NAME 1230 S 166TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OMAHA, NE 68130** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE SALAZAR, AL NAME NAME 9227 W KATHLEEN ROAD STREET ADDRES STREET ADDRES **PEORIA, AZ 85382** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE JOHNS, FRED NAME 314 32ND STREET STREET ADDRES STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP LONGVIEW, WA 98632 ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Sta tutes. 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 Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; an LYNOAP, FRENCH) 4-23-08 512-250-0327 SIGNATURE: (

ATURE AND TYPED OR PRINTED NAME OF SIGN