

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90104 024 ***150.00

DOCUMENT # P23623

1. Entity Name

SELL-THRU SERVICES, INC.

Principal Place of Business

Mailing Address

4807 SPICEWOOD SPRINGS RD.
 BLDG.3. STE. #3120
 AUSTIN TX 78759
 US

PO BOX 201627
 AUSTIN TX 78720-1627
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2482299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P LUSHER, TED**
 STREET ADDRESS **6007 NORTHERN DANCER**
 CITY-ST-ZIP **AUSTIN TX**

TITLE Change Addition
 NAME **ASSISTANT SECRETARY SHARON E. LUSHER**
 STREET ADDRESS **6007 NORTHERN DANCER**
 CITY-ST-ZIP **AUSTIN, TX 78746**

TITLE Delete
 NAME **O JOHNSON, BLAINE**
 STREET ADDRESS **7885 LAKEWOOD DR.**
 CITY-ST-ZIP **AUSTIN TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S SCHWEERS, VALERIE**
 STREET ADDRESS **500 BLANCO RIVER RANCH RD.**
 CITY-ST-ZIP **SAN MARCOS TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EDWARDS, WAYNE**
 STREET ADDRESS **4210 SPICEWOOD SPRINGS RD S210A**
 CITY-ST-ZIP **AUSTIN TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DILLS, PAT**
 STREET ADDRESS **11644 BRIARWOOD LN**
 CITY-ST-ZIP **BURR RIDGE IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Lusher

3/29/00

Date

512-346-5075

Daytime Phone #

CR2E034 (9/99)