2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P34565

Entity Name: BWI COMPANIES, INC.

Current Principal Place of Business:

415 S. KINGS HIGHWAY
NASH, TX 75569 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 990
NASH, TX 75569990 US

New Mailing Address:

FEI Number: 75-1789544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: PCD ( ) Delete
Name: BUNCH, BOB J.,
Address: 415 S KINGS HWY
City-St-Zip: NASH, TX

Title: SDT ( ) Delete
Name: BUNCH, BETTY GAYLE,
Address: 415 S KINGS WAY
City-St-Zip: NASH, TX

Title: V ( ) Delete
Name: BUNCH, ROBERT H.,
Address: 415 S KINGS WAY
City-St-Zip: NASH, TX

Title: V ( ) Delete
Name: BUNCH, JAMES S.,
Address: 415 S KINGS WAY
City-St-Zip: NASH, TX

Title: D ( ) Delete
Name: MANOR, MICHAEL H
Address: 2613 PRESTON WOOD DRIVE
City-St-Zip: PLANO, TX 75093

Title: EVP ( ) Delete
Name: MIZE, G MICHAEL
Address: 415 S KINGS HWY
City-St-Zip: NASH, TX 75569

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G. MICHAEL MIZE EVP 04/29/2004

Electronic Signature of Signing Officer or Director Date

DR. MICHAEL WORKMAN
1013 ROSE CIRCLE
COLLEGE STATION, TX 77840