2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am DOCUMENT # F94000005938 Secretary of State 1. Entity Name 03-12-2002 90271 027 ***150.00 FORNEY CORPORATION Principal Place of Business Mailing Address 3405 WILEY POST RD. 3405 WILEY POST RD. **CARROLLTON TX 75006 CARROLLTON TX 75006** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 51-0354053 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST., #105 TALLAHASSEE FL 32301 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible ...10.-Election,Campaign,Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE 🏅 ☐ Delete TITLE ☐ Change Addition NAME NAME Satterfield, Jack STREET ADDRESS STREET ADDRESS 3405 WILEY POST RD CITY-ST-ZIP CITY-ST-ZIP CARROLLTON TX 75006 ☐ Delete TITLE ☐ Change Addition TITLE NAME. NAME HANNON, JOHN F STREET ADDRESS STREET ADDRESS 700 NICKERSON RD. CITY-ST-ZIP CITY-ST-ZIP MARLBOROUGH MA 01752 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME RAGLAND, JOHN STREET ADDRESS STREET ADDRESS 3405 WILEY POST ROAD CITY-ST-ZIP CITY-ST-ZIP CARROLLTON TX 75006 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

REQUIRED John Ragland, Treasurer 2/26/02 (972) 458 6482 SIGNATURE:

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.