

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

DOCUMENT # 120800

06-30-2002 90228 044 ***150.00

1. Entity Name
Walnut Hill Farms, Inc.

DO NOT WRITE IN THIS SPACE

B0126157

2. Principal Place of Business 35 N. Wynden Dr. Suite, Apt. #, etc.		3. Mailing Address 35 N. Wynden Dr. Suite, Apt. #, etc.		4. FEI Number 74-6040180		Applied For Not Applicable	
City & State Houston, Tx		City & State Houston, Tx		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip 77056	Country	Zip 77056	Country				

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7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
City Plantation	FL Zip Code 33324

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 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. ☐ January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	
TITLE D NAME Owen, Jane B. STREET ADDRESS 35 N. Wynden Dr. CITY-ST-ZIP Houston, Tx 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Hudson, Jr. E.J. STREET ADDRESS 35 N. Wynden Dr. CITY-ST-ZIP Houston, Tx 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST NAME Hughes, Cynthia STREET ADDRESS 35 N. Wynden Dr. CITY-ST-ZIP Houston, Tx 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Furstenberg, Cecil STREET ADDRESS 35 N. Wynden Dr. CITY-ST-ZIP Houston, Tx 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Von Bothmer, Joyce STREET ADDRESS 35 N. Wynden Dr. CITY-ST-ZIP Houston, Tx 77056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 713-621-8700

Date

Daytime Phone #