2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # 354177 if of titusville, inc.	7			Secretar 02-05-2002 90	y of Sta	ate
Principal Place of Business 14841 DALLAS PKWY DALLAS TX 75240-2100 US		Mailing Address 14841 DALLAS PKWY DALLAS TX 75240-2100 US			DO NOT WRITE IN THIS SPACE		
Principal Place of Business 14841 Dallas Parkway Suite, Apt. #, etc.		3. Mailing Address 14841 Dallas Parkway Suite, Apt. #, etc.					
3\$137 City & State Dallas, TX		3S137 City & State Dallas, TX		4. F	4. FEI Number Applied For Not Applicable		
Zip 75254-7	Country U.S.A.	Zip 75254-7552	Country U.S.A.		Pertificate of Status Desired [\$8.75 Add Fee Required	itional
	6. Name and Address of Current Re	egistered Agent	Name	7. N	ame and Address of New Regis	tered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATI	ION FL 33324		City			FL Zip Code	•
8. The above	named entity submits this statement for t		egistered office or			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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00	Election Campaign Financi Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND D	RECTORS	12.		DITIONS/CHANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, JOHN J 14841 DALLAS PKWY DALLAS TX 75240-2100	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DE ONLY CHANGE**	XX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORGAN, MELANIE K 14841 DALLAS PKWY DALLAS TX 75240-2100	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dallas	, TX 75254-7552	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HORN, IDA W 14841 DALLAS PKWY DALLAS TX 75240-2100	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dallas,	, TX 75254-7552	X X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall ha	ive the same le	egal effect as if made under oath;	that I am an officer	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CICPANE REQUINTO. Murphy, President 1/15/02