

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90015 040 \*\*\*150.00

**DOCUMENT # 817683**

1. Entity Name  
**MARSHALL R. YOUNG OIL CO.**

Principal Place of Business      Mailing Address  
**750 WEST FIFTH STREET**      **750 WEST FIFTH STREET**  
**FT WORTH TX 76102**      **FT WORTH TX 76102**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1320 S. University Drive**      **1320 S. University Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 400**      **Suite 400**

City & State      City & State  
**Fort Worth, TX**      **Fort Worth, TX**

Zip      Country      Zip      Country  
**76107**           **76107**           **76107**           **76107**

4. FEI Number      Applied For  
**75-0889538**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>YOUNG, WILLIAM K.</b> <b>750 W. FIFTH ST.</b> <b>FORT WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>YOUNG, MARSHALL R. JR.</b> <b>750 W. FIFTH ST.</b> <b>FORT WORTH TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FREEMAN, R.B.</b> <b>750 W. FIFTH ST.</b> <b>FORT WORTH TX</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RAY, SHANNON Y</b> <b>750 W. FIFTH ST.</b> <b>FT. WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>YOUNG, GEORGE M.</b> <b>750 W. FIFTH ST.</b> <b>FORT WORTH TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LANGELOH, LINDA</b> <b>750 W. FIFTH ST.</b> <b>FORT WORTH TX</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Young, William K.</b> <b>1320 S. University Dr., Suite 400</b> <b>Fort Worth, TX 76107</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Wilson, Greg</b> <b>1320 S. University Dr., Suite 400</b> <b>Fort Worth, TX 76107</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Young, Marshall R.</b> <b>1320 S. University Dr., Suite 400</b> <b>Fort Worth, TX 76107</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>Ray, Shannon Y.</b> <b>1320 S. University Dr., Suite 400</b> <b>Fort Worth, TX 76107</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Young, George M.</b> <b>1320 S. University Dr., Suite 400</b> <b>Fort Worth, TX 76107</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOWARTH</b> <b>Langeloh, Linda</b> <b>1320 S. University Dr., Suite 400</b> <b>Fort Worth, TX 76107</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/02**      Daytime Phone #: **8173351216**

CR2E034 (9/01)