817683

DOCUMENT # 1. Entity Name

MARSHALL R. YOUNG OIL CO.

Principal Pla	ce of Busines	s	Mailing Address							
750 WEST FIFTH STREET FT WORTH TX 76102		750 WEST FIFTH STREET FT WORTH TX 76102								
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2. Principal	Place of Busin	ness	3. Mailing Address							
1		sity Drive	1320 S. Univers	ity Drive	_	. (851\$1 61BE)(\$11 68	*8 81\$81 1\$198 1	1181 WIWI L W EW	EL MINIT NIÑI	ı Bidil diğil idği
Suite, Apt		Jack Drave	Suite, Apt. #, etc.	TCY DITY		טט אונ	OT WRITE II	N THIS OF	MACE	
Suite 400			Suite 400			DO NO	JI WHITE II	N IHIS SP	ACE	
City & Sta	te	·	City & State		-	4. FEI Number			1 14	Applied For
Fort Wor	th, TX		Fort Worth, TX	*			89538			Not Applicable
Zip 761(0.7	Country	Zip 7.6107	Country		5. Certificate of Status De	esired		8.75 Ac	dditional
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of	New Regis	stered Ag	ent	
		•		Name						
CT CORF	SYSTEM	Chrost	^ 	O Decklore to No.		<u>-</u>				
1200 S. F	ROAD	Street	Address (P.	O. Box Number is Not Acc	ceptable)					
PLANTATION FL 33324				2						
				City		· · ·		FL	Zip Cod	de
8. The above	named entity	submits this statement for t	the purpose of changing its re	egistered office	or registere	d agent, or both, in the Stat	te of Florida	ì.	I	
SIGNATURE		or printed name of registered agent and	d title if applicable (NOTE)	Registered Agent sign						
-	"		THE TAPPHOLOGE. (NOTE:	negistered Agent signi	ature required w	men reinstating)		DATE		
		ble to satisfy its Intangible	FILE NOW!!!			10. Election Campa	nian Einanci	ina		
l ax filing i	requirement a	nd elects to do so	A44 III 4 0004	N E 1991 a 5 de	FF6 66	To. Election Campa	aluli Filialici	IIIQ	*	
			After May 1, 2002			Tought Fund Com		ĬП		00 May Be
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(See criter 11. TITLE NAME	PD YOUNG, W	OFFICERS AND DI	Make Check Payable RECTORS	to Department 12. TITLE NAME	PD Young	Trust Fund Con ADDITIONS/CHANGES T	ntribution.	RS AND D	Adde IRECTOF	d to Fees
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR