

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90122 017 ***150.00

DOCUMENT # 820265

1. Entity Name
MCKINNEY DRILLING COMPANY



Principal Place of Business
**1715 S.UNIVERSITY DR.
P.O. BOX 1000
NACOGDOCHES TX 75961-6875**

Mailing Address
**1715 S.UNIVERSITY DR.
P.O. BOX 1000
NACOGDOCHES TX 75961-6875**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1236157**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	RAINES, JACK A	
STREET ADDRESS	1715 S.UNIVERSITY DR.	
CITY-ST-ZIP	NACOGDOCHES TX	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	BANKS, ROBERT C	
STREET ADDRESS	1715 S.UNIVERSITY DR.	
CITY-ST-ZIP	NACOGDOCHES TX	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BANKS, GARY	
STREET ADDRESS	1715 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	NACODOCHES TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Cloud	
STREET ADDRESS	1265 Blairs Bridge Road	
CITY-ST-ZIP	Lithia Springs, GA 30122	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Maher	
STREET ADDRESS	Rt. 22, 2 Miles East of Rt. 66	
CITY-ST-ZIP	Delmont, PA 15626	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Yale	
STREET ADDRESS	1130 Annapolis Road, # 202	
CITY-ST-ZIP	Odenton, MD 21113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George T. Cloud* 1-27-03 770-948-9521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)