SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -6 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825523 (4)

1. Corporation Name
A.B. CULBERTSON AND COMPANY

Principal Place of Business
777 MAIN ST
1250 CONTINENTAL PLZ
FT WORTH TX 76102

Mailing Address
777 MAIN ST
1250 CONTINENTAL PLZ
FT WORTH TX 76102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-0883761 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has taken, by attempts to ... Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business: 21 — Suite, Apt. #, etc.: 22 — City & State: 23 — Zip: 24 — Country: 25
2a. Mailing Address: 26 — Suite, Apt. #, etc.: 27 — City & State: 28 — Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1 TITLE	Chairman of the Board ☒ Change ☐ Addition
NAME	SARSGARD, WILLIAM R	1 NAME	
STREET ADDRESS	4400 BOMBAY CT	1 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	1 CITY-ST-ZIP	
TITLE	VP	2 TITLE	Senior Vice President ☐ Change ☒ Addition
NAME	MEFFORD, WILMA DOLORES	2 NAME	Bill W. Travis
STREET ADDRESS	5106 LANDOVER HILLS	2 STREET ADDRESS	1250 Continental Plaza
CITY-ST-ZIP	ARLINGTON TX	2 CITY-ST-ZIP	Fort Worth TX 76102
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	CLARY, PAMELA R	3 NAME	
STREET ADDRESS	RT 2 BOX 965	3 STREET ADDRESS	
CITY-ST-ZIP	BURLESON TX	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	BRANTLEY, LEONARD H	4 NAME	
STREET ADDRESS	3715 CRESTHAVEN TERR	4 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	4 CITY-ST-ZIP	
TITLE	PDC	5 TITLE	President/CEO ☐ Change ☒ Addition
NAME	MARTIN, CHARLES E	5 NAME	William B. Jackson
STREET ADDRESS	1250 CONTINENTAL PLZ	5 STREET ADDRESS	1250 Continental Plaza
CITY-ST-ZIP	FT WORTH TX	5 CITY-ST-ZIP	Fort Worth TX 76102
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	FINLEY, DEE S JR	6 NAME	
STREET ADDRESS	2412 MEDFORD CT E	6 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] William B. Jackson — 6-20-95 — 817-335-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (3/95)

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