2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 14, 2001 08:00 AM DOCUMENT# 826788 1. Entity Name **Secretary of State** BOWDEN CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 5407 ANDREWS HIGHWAY 5407 ANDREWS HIGHWAY P O BOX 12308 P O BOX 12308 ODESSA TX ODESSA TX 79768 79768 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-0866709 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 City 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 02/14/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) FALTIIS DEBORAH J. MAME NAME 1421 E. 35TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA TX CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change NAME HUNTER, JEFF T. NAME STREET ADDRESS 6308 MECCA STREET ADDRESS CITY-ST-ZIP **ODESSA** TX 79762 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HUNTER, JIM NAME STREET ADDRESS #2 SANTA ANA COURT STREET ADDRESS CITY-ST-ZIP ODESSA TX 79762 CITY-ST-ZIP ☐ Delete TITLE Change Addition JEFF T. HUNTER NAME STREET ADDRESS 6308 MECCA STREET ADDRESS CITY-ST-ZIP ODESSA TX 79762 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

02/14/2001

Daytime Phone #

Date

SIGNATURE: __Deborah J. Faltus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR