
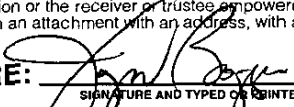


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 011 ***158.75

DOCUMENT # 847900 1. Entity Name HCB CONTRACTORS, INC.					
Principal Place of Business 1807 ROSS AVENUE SUITE 500 DALLAS, TX 75201-8006 US			Mailing Address 1700 PACIFIC ST. STE. 3800 DALLAS, TX 75202 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1807 Ross Ave. Ste. 500			
City & State Dallas TX		City & State Dallas TX		4. FEI Number 75-1726665	
Zip 75201		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, HENRY C., III 1700 PACIFIC AVE., STE. 3800 DALLAS, TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1807 Ross Ave., Ste. 500 Dallas, TX 75201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGGESS, JERRY W 1700 PACIFIC AVE., STE. 3800 DALLAS, TX 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1807 Ross Ave., Ste. 500 Dallas, TX 75201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLLINS, MARK 1700 PACIFIC AVE., STE. 3800 DALLAS, TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1807 Ross Ave., Ste. 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PRIEST, PAT P 1700 PACIFIC AVE STE 3000 DALLAS, TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1807 Ross Ave., Ste. 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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:  Jerry W. Bogges 1/8/4 (214) 303-6612 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					