2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 850052 1. Entity Name SIMLEY CORP.					FILED Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90120 049 ***150.00			
Principal Place of Business 1515 N HWY 281 POB 1900 MARBLE FALLS TX 78654		Mailing Address 1515 N HWY 281 POB 1900 MARBLE FALLS TX 78654-4507				05752	0101/ 0141/ (ED)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 35-1064398 Applied For				
Zip	Country	Zip	Country	5. Certifi	cate of Status Desired			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Name Street Address	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 33324		City			FL Zip Co	ode	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 200			Registered Agent signature requi FEE IS \$150.00 0 Fee will be \$550.00 e to Department of S	10)) Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VTD FINN, LINDA F 13008 LUCY LN BOX 908 MARBLE FALLS TX		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		NS/CHANGES TO OFFI	CERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THELEN, WAYNE C 108 BELEDINGER Brood ma MARBLE FALLS TX	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e Addition S	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD FINN, MARVIN E 13008 LUCY LN BOX 908 MARBLE FALLS TX	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e 🗋 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			Chang	je 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Chang	e 🗌 Addition	
indicated of the cor changed	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, wit	ue and accurate and that my ered to execute this report a h all other like empowered.	y signature shall have th s required by Chapter 6	e same legal 07, Florida Sta	effect as if made under o atutes; and that my name	ath; that I am an offic appears in Block 11	or Block 12 if	
SIGNA		NTED NAME OF SIGNING OFFICER OF	OIUI 7 EII	ing	1/7/00	<u>830-681-</u> Davlime Phone	5136	