


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 852490</b> 1. Entity Name <b>SUNMOUNT CORPORATION</b>	
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Principal Place of Business <b>P O BOX 800 ROANOKE, TX 76262 US</b>	Mailing Address <b>P O BOX 800 ROANOKE, TX 76262 US</b>
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04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>87-0368152</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CROSS, DONALD M. 66 HERITAGE DRIVE KENSINGTON, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, R. ALLYN 3032NO. MONET COURT FLOWER MOUND, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST MATHER, JAYNE G. 198 MAIN ST. DEEP RIVER, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALGER, ROBERT 45 NOTTINGHAM RIDGE AVON, CT 06001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT CAIOLA, VINCENT J 220 DEER RUN TRAIL MANCHESTER, CT 06040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HUTYRA, GREGORY E 2813 ROUNDUP TRAIL GRAPEVINE, TX 76051

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04/27/04-80100-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** James G. Mather **Jayne G. Mather, Assistant Treasurer** 4/23/04 (203) 235-3351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #