


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90001 029 \*\*\*150.00

<b>DOCUMENT # 852490</b> 1. Entity Name <b>SUNMOUNT CORPORATION</b>					
Principal Place of Business <b>P O BOX 800</b> <b>ROANOKE, TX 76262 US</b>			Mailing Address <b>P O BOX 800</b> <b>ROANOKE, TX 76262 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11801 Harmonson Road</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Justin, TX</b>		City & State			
Zip <b>76247</b>	Country <b>USA</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>See Attached Schedule for Complete</b> <b>List of Officers</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CROSS, DONALD M.</b> <b>66 HERITAGE DRIVE</b> <b>KENSINGTON, CT</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BROWN, R. ALLYN</b> <b>3032NO. MONET COURT</b> <b>FLOWER MOUND, TX</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>MATHER, JAYNE G.</b> <b>198 MAIN ST.</b> <b>DEEP RIVER, CT</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALGER, ROBERT</b> <b>45 NOTTINGHAM RIDGE</b> <b>AVON, CT 06001</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>CAIOLA, VINCENT J</b> <b>18 WESTRIDGE DR</b> <b>BOLTON, CT 06043</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HUTYRA, GREGORY E</b> <b>2813 ROUNDUP TRAIL</b> <b>GRAPEVINE, TX 76051</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Cross, Donald M.</b> <b>11801 Harmonson Road</b> <b>Justin, TX 76247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Brown, R. Allyn</b> <b>11801 Harmonson Road</b> <b>Justin, TX 76247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>Mather, Jayne G.</b> <b>11801 Harmonson Road</b> <b>Justin, TX 76247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Alger, Robert E.</b> <b>11801 Harmonson Road</b> <b>Justin, TX 76247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Caiola, Vincent J.</b> <b>11801 Harmonson Road</b> <b>Justin, TX 76247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Hutyra, Gregory E.</b> <b>11801 Harmonson Road</b> <b>Justin, TX 76247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Ann M. Falsey</i>		<b>Ann M. Falsey, Assistant Secretary</b>		<b>3/2/07</b>	<b>(203) 235-3351</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40030246



02172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**87-0368152**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



## ATTACHMENT

P.O. BOX 800  
ROANOKE, TEXAS 76262  
940 / 648-2741  
METRO 817 / 430-0552  
FAX 940 / 648-2203

40030246  
\$852,490

The names and business addresses of the Officers of Sunmount Corporation are as follows:

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President	Donald M. Cross	P. O. Box 800 Roanoke, TX 76262-0800
Vice President	Gregory E. Hutyra	P. O. Box 800 Roanoke, TX 76262-0800
Secretary- Treasurer	R. Allyn Brown	P. O. Box 800 Roanoke, TX 76262-0800
Assistant Secretary and Assistant Treasurer	Jayne G. Mather	P. O. Box 800 Roanoke, TX 76262-0800
Assistant Treasurer	Vincent J. Caiola	P. O. Box 800 Roanoke, TX 76262-0800
Assistant Secretary	Ann M. Falsey	P. O. Box 800 Roanoke, TX 76262-0800