

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90950 017 ***150.00

DOCUMENT # 856741
1. Entity Name
 Blackmon Mooring Steamatic Catastrophe, Inc.

Principal Place of Business 303 Arthur St.
 Fort Worth, Tx 76107
Mailing Address Same

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number 75-1738902
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A3060997

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Rd
 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.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lloyd E. Swiggen 303 Arthur St Ft Worth, Tx 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer W.G. Blackmon III 803 Arthur St Ft Worth, Tx 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Cindy Cooper 303 Arthur St Ft Worth, Tx 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg A. Blackmon 303 Arthur St Ft Worth, Tx 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kirk A. Blackmon 303 Arthur St Ft Worth, Tx 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott Mooring III 303 Arthur St Ft Worth, Tx 76107	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Cindy Cooper, Controller

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/28/00 Daytime Phone #: 817-332-2770

CR2F024 (9/00)