

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90688 043 \*\*\*550.00

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
303 Arthur St.  
Suite, Apt. #, etc.

3. Mailing Address  
303 Arthur St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Fort Worth TX  
Zip  
76107  
Country

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Fort Worth TX  
Zip  
76107  
Country

4. FEI Number  
75-1738902  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S Pine Island Road  
City  
Plantation FL Zip Code  
33324

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 \_\_\_\_\_  
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)   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00.  
Amended UBR is \$61.25  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Lloyd Swiggum<br>303 Arthur St.<br>Fort Worth TX 76107       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secy Treas.<br>W.G. Blackmon III<br>303 Arthur St.<br>Fort Worth TX 76107 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Lirk A. Blackmon<br>303 Arthur St.<br>Fort Worth TX 76107     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>W.G. Blackmon<br>303 Arthur St.<br>Fort Worth TX 76107        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Sw. Mooring<br>303 Arthur St.<br>Fort Worth TX 76107          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 5-15-02 (817)332-2770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

CR2E034B (12/01)