

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

**FILED
May 04, 2004 8:00 am
Secretary of State**

05-04-2004 90197 044 ***150.00

DOCUMENT # 856741
1. Entity Name
BLACKMON-MOORING-STEAMATIC CATASTROPHE, INC.

DO NOT WRITE IN THIS SPACE

24068357

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		City & State FORT WORTH, TX		4. FEI Number 75-1738902	Applied For Not Applicable
Zip 76107	Country USA	Zip 76107	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$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 SOUTH PINE ISLAND ROAD

City
PLANTATION

State
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLOYD E. SWIGGUM 303 ARTHUR ST. FORT WORTH, TX 76107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D W.G. BLACKMON III 303 ARTHUR ST. FORT WORTH, TX 76107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT D. SMITH 303 ARTHUR ST. FORT WORTH, TX 76107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK BLACKMON 303 ARTHUR ST. FORT WORTH, TX 76107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREG BLACKMON 303 ARTHUR ST. FORT WORTH, TX 76107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY D. TRABKA 303 ARTHUR ST. FORT WORTH, TX 76107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: *Robert D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone #