2001 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # F0000003546 05-11-2001 90120 015 ***550.00 BROMLEY ACQUISITION COMPANY, INC. Principal Place of Business Mailing Address 6829 FLINTLOCK ROAD 6829 FUNTLOCK ROAD 48981 HOUSTON TX 77040 HOUSTON TX 77040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice President + Director CR2E034 (10/00) ☐ Delete Change Addition TIBE TITLE RHYNE, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 6829 FLINTLOCK ROAD CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77040 Delete ☐ Change Addition NAME MAULTSBY, VANCE NAME STREET AODRESS STREET ADDRESS 6829 FLINTLOCK ROAD CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77040 ☐ Change ☐ Addition Delete NAME MOWRY, KELLI NAME STREET ADDRESS STREET ADDRESS 6829 FLINTLOCK ROAD CITY-ST-ZIP CITY-ST-ZIP -HOUSTON TX 77040 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Deleta ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR