2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED Mar 27, 2001 8:00 am Secretary of State DOCUMENT # F0000006780 SOUTHWEST-TEX LEASING CO., INC. 03-27-2001 90021 011 ***150.00 Mailing Address Principal Place of Business 1343 HALLMARK 1343 HALLMARK SAN ANTONIO TX 78216 SAN ANTONIO TX 78216 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 74-2242912 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent - -6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **DCEO** ☐ Delete TITLE ☐ Change TITLE NAME NAME WALKER, JAMES P STREET ADDRESS STREET ADDRESS 134 SPYGLASS CITY-ST-ZIP CITY-ST-ZIP MCQUEENY TX 16 Change ☐ Addition Delete TITLE TITLE NAME WALKER, ROBERT K NAME STREET ADDRESS STREET ADDRESS 206 VILLAGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX - - Change Addition TITLE ☐ Delete WALKER, MARK E NAME NAME STREET ADDRESS STREET ADDRESS 20307 TERRA BLANCA CITY-ST-ZIP CITY-ST-ZIP <u>san antonio tx</u> □ Change ☐ Addition ☐ Defete TITLE TITLE SD NAME NAME FEIN, MARSHALL A STREET ADDRESS STREET ADDRESS 13833 BLUFF LANE CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78316 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WALKLER, JOHN P STREET ADDRESS STREET ADDRESS 1603 NACOGODOCHES ROAD CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78209 ☐ Change ☐ Addition ☐ Delete TITLE TITLE D COWLEY, WARREN NAME STREET ADDRESS STREET ADDRESS 7921 YOUPON DRIVE CITY-ST-ZIP CITY-ST-ZIP AUSTIN TX 78759 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 of 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 a feddress, with all other like empowered.