2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000006780 1. Entity Name SOUTHWEST-TEX LEASING CO., INC.						Secretary of State 02-26-2002 90087 022 ***150.00				
Principal Place of Business 1343 HALLMARK SAN ANTONIO TX 78216		Mailing Address 1343 HALLMARK SAN ANTONIO TX 78216								
2. Principal f	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta		City & State			1	4. FEI Number Applied For				
						74-224291		N	ot Applicable	1
Zip	Country			Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re	egistered Agent		Name	7,	Name and Address of New	Registered A	gent	-	1
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					ddress (P.O. Box Number is Not Acceptable)					
	70N FL 33324		City				Zip Cod	le		
	e named entity submits this statement for the						FL			-
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Si			0 State	10. Election Campaign Financing \$5.00 May Be				
11.	OFFICERS AND DI		12.		ĀΕ	DDITIONS/CHANGES TO OF				1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Oelete WALKER, JAMES P 134 SPYGLASS MCQUEENY TX 16							Change	Addition	CR2E034 (9/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, ROBERT K 206 VILLAGE CIRCLE SAN ANTONIO TX	☐ Delete		- 1				☐ Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, MARK E 20307 TERRA BLANCA SAN ANTONIO TX	☐ Delete			•		١	☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip	SD FEIN, MARSHALL A 13833 BLUFF LANE SAN ANTONIO TX 78316	□ Delete		ľ				Change	☐ Addition	
TITLE NAME Street address City-St-Zip	D WALKLER, JOHN P 1603 NACOGODOCHES ROAD SAN ANTONIO TX 78209	☐ Delete		IT ADDRESS ST-ZIP				☐ Change	Addition	
TITLE Name Street Address City-St-Zip	D COWLEY, WARREN 7921 YOUPON DRIVE AUSTIN TX 78759	☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
indicated	certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	ie and accurate and that my	signati	ire shall have th	ne same l	legal effect as if made under	oath: that I am	an officer	or director	

SIGNATURE: