2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # F01000003248 1. Entity Name 04-29-2004 90219 001 ***150 00 BHATIA HOLDINGS, INC. Principal Place of Business Mailing Address 7101 ATCO DRIVE 7101 ATCO DRIVE FORT WORTH TX 76118 FORT WORTH TX 76118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 75-2833833 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 Name BHATIA, RAMESH Street Address (P.O. Box Number is Not Acceptable) 2407 WILLIAMETTE DRIVE PLANT CITY FL 33566 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Delete TITLE Change Addition TITLE BHATIA, RAMESH NAME NAME 7101 ATCO DRIVE STREET ADDRESS STREET ADDRESS FORT WORTH TX 76118 CITY-ST-ZIP CITY-ST-78P ☐ Delete ☐ Change ☐ Addition TITLE TITLE JOHNSON, SUE NAME NAME STREET ADDRESS 7101 ATCO DRIVE STREET ADDRESS FORT WORTH TX 76118 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all otherwise empowered.

SIGNATURE: RAMESH BHATIA

FILED