2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # F01000003565 1. Entity Name 05-27-2002 90370 031 ***150.00 MADISON HOMES OF TEXAS, INC. Principal Place of Business Mailing Address .1111 BRIARCREST DRIVE, SUITE 300 1111 BRIARCREST DRIVE. SUITE 300 **BRYAN TX 77802 BRYAN TX 77802** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2581083 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 HABER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1311 NORTH CHURCH AVENUE **TAMPA FL 33607** 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 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 Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition NAME ATKINSON, WILLIAM C NAME STREET ADDRESS 1111 BRIARCREST DRIVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP BRYAN TX 77802 CITY-ST-ZIP TITLE WC ☐ Delete TITLE ☐ Change ☐ Addition NAME ADAM, DONNA J NAME STREET ADDRESS 1111 BRIARCREST DRIVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRYAN TX 77802** ☐ Delete TITLE Addition NAME MALECHEK, STEPHANIE A NAME STREET ADDRESS STREET ADDRESS 1111 BRIARCREST DRIVE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP BRYAN TX 77802 TITLE C ☐ Delete TITLE ☐ Change ☐ Addition NAME ADAM, DONALD A NAME STREET ADDRESS 1111 BRIARCREST DRIVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP **BRYAN TX 77802** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 supplied en an eport 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 at true the 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 dress, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

'URE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

979-776-1111

FILED