2005 FOR PROFIT CORPORATION

Apr 11, 2005 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # F02000004483** 1. Entity Name REDLEE/SCS OPERATING CORPORATION Principal Place of Business Mailing Address 10425 OLYMPIC DRIVE, SUITE A 10425 OLYMPIC DRIVE, SUITE A DALLAS, TX 75220 DALLAS, TX 75220 04062005 No Chg-P GR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2923575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaung) U00000298079 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/11/05-80051-013 15N.on 10. OFFICERS AND DIRECTORS TITLE NAME REDFEARN, CHARLES L SR STREET ADDRESS 10425 OLYMPIC DRIVE, SUITE A CITY-ST-ZIP DALLAS, TX 75220 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME

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 other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNING OFFICER OF DIRECTOR

FILED