2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 30, 2007 8:00 am **Secretary of State** DOCUMENT # F06000000428 01-30-2007 90011 046 ***158.75 TALON INDUSTRIES FUEL PIPING COMPANY Principal Place of Business Mailing Address 801 STADIUM DRIVE STE 115 **801 STADIUM DRIVE STE 115** ARLINGTON, TX 76011 ARLINGTON, TX 76011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Cenns ame Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Cha-P CR2E034 (12/06) City & State City & State 4. FFI Number Applied For 75-2723520 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, Ft. 32301-2525 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. СР TITLE Change ☐ Addition Delete TITLE resident NAME AVILA, JOHN JR NAME alarie STREET ADDRESS 2452 WINTON TERRACE EAST STREET ADORESS 800 Cornectic CITY-ST-ZIP FORT WORTH, TX 76109 CITY-ST-ZIP DV TITLE TITLE ☐ Delete Addition MEYER, JACK NAME NAME 2800 CONNECTICUT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARLINGTON, TX 76001 Addition TITLE Delete TITLE PITTMAN, KAROLENE NAME NAME STREET ADORESS 8604 SUMMERTREE LANE STREET ADDRESS CITY-ST-ZIP N. RICHLAND HILLS, TX 76180 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP THIS ☐ Delete ☐ Change ☐ Addition TITLE NAME NAMÉ

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

JACK MEYER - VP & SECRITARY 1-23-07