2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9300000 9533 Aug 03, 2000 8:00 am Secretary of State Tricon Construction, Inc. of Fexas 08-03-2000 90001 019 ***400.00 07-12-2000 90006 032 ***150.00 Principal Place of Business 101 N. Greenville A 101 No Greenville Ave Allen, TX 75002 2. Principal Place of Business 3. Mailing Address 5 Ventura Circle 5 Ventura DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For <u>75-2</u>483 Not Applicable 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 Corporation Service Company 1201 Hays Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee FL 32301 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW | FEE IS: \$150.00 ._Inia.corporation.is eligible to satisfy.its Intangible 10.—Election:Campaign:Financing **\$5;00**-мау Ве After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change Addition CR2E034 (9/99) President ☐ Delete TITLE Charles William Costin NAME Sventura Circle STREET ADDRESS · viiuoecc 75098 Wylie, TX CITY-ST-ZIP ST- ZIP Secretary Treas. ☐ Addition ☐ Delete TITLE Change eziah Costin-Ventura Circle STREET ADDRESS CITY-ST-7IP ☐ Addition Change Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Change Addition Delete STREET ADDRESS CITY-ST-ZIP \$7.219 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME -+ w -01 CC STREET ADDRESS ST ZIP CITY-ST-ZIP 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 of true tee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tros changed, or on an attachment with an a 972-442-0870 #ISHATURE: