2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am Secretary of State DOCUMENT # F93000002533 1. Entity Name 05-10-2002 90032 050 ***150.00 TRICON CONSTRUCTION, INC. OF TEXAS Mailing Address Principal Place of Business **5 VENTURA CIRCLE** 5 VENTURA CIRCLE WYLIE TX 75098 WYLIE TX 75098 US 3. Mailing Address 2. Principal Place of Busines lildcat Rd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 75-2483754 Not Applicable Aubrec \$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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAL ! COSTIN. CHARLES W 4471 Wildcat Rd STREET ADDRESS STREET ADDRESS **5 VENTURA CIR** Aubrey, TX 76227 CITY-ST-ZIP CITY ST-ZIP **WYLIE TX 75098** ☐ Change ☐ Addition TITLE Delete TITLE 4471 Wildcat Rd. NAME NAME COSTIN, KEZIAH C STREET ADDRESS STREET ADDRESS **5 VENTURA CIR** CITY-ST-ZIP CITY-ST-ZIP WYLIE TX 75098 ☐ Addition ☐ Change Delete - --TITLE ĪIŢLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

eziah C. Costin 2/19/02 940-440-4100 SIGNATURE: