2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

FILED DOCUMENT # F95000002234 May 15, 2000 8:00 am Secretary of State FINCO MANAGMENT, INC. 05-15-2000 90254 037 ***150.00 Principal Place of Business Mailing Address 99 DETERING, SUITE 200 99 DETERING, SUITE 200 HOUSTON TX 77007-8259 HOUSTON TX 77007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 76-0426328 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 1201 HAYS STREET TALLAHASSEE FL 32301 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 Florida SIGNATURE (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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTC TITLE P/S/T/D ☐ Delete TITLE NAME NAME FINGER, MARVY A STREET ADDRESS STREET ADDRESS 99 DETERING, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77007** Addition ☐ Change X Delete TITLE NAME FINGER, RONALD J NAME STREET ADDRESS STREET ADDRESS 99 DETERING, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77007** ☐ Addition ☐ Delete TITLE _ Change TITLE NAME PILMER, GORDON NAME STREET ADDRESS 99 DETERING, SUITE 200 STREET ADDRESS CITY-ST; ZIP CITY-ST-ZIP **HOUSTON TX 77007** ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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 tructee 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 a statement with all others with all others.

Gordon Pilmer

ED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/00

(713)864-3313