

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F95000004538**1. Entity Name  
LUMBERMEN'S INVESTMENT CORPORATION

## Principal Place of Business

303 SOUTH TEMPLE DR.

DIBOLL  
75941

TX

## Mailing Address

303 SOUTH TEMPLE DR.

DIBOLL  
75941

TX

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

74-1213624

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324

US

FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \_\_\_\_\_ 04/27/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete  
NAME ADAMSON GRANT F  
STREET ADDRESS 303 S. TEMPLE DR.  
CITY-ST-ZIP DIBOLL TX 75941TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V ☐ Delete  
NAME WARNER M. R  
STREET ADDRESS 303 S. TEMPLE DR.  
CITY-ST-ZIP DIBOLL TXTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME BRANCH SUE  
STREET ADDRESS 1300 S MOPAC EXWY  
CITY-ST-ZIP AUSTIN TX 78746TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE EVPC ☐ Delete  
NAME TURPIN DAVID W  
STREET ADDRESS 1300 S MOPAC EXWY  
CITY-ST-ZIP AUSTIN TX 78746TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PCOO ☐ Delete  
NAME KNIGHT CRAIG A  
STREET ADDRESS 1300 S MOPAC EXWY  
CITY-ST-ZIP AUSTIN TX 78746TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE COBD ☐ Delete  
NAME JASTROW KENNETH MII  
STREET ADDRESS 1300 S MOPAC EXWY  
CITY-ST-ZIP AUSTIN TX 78746TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:** M. Richard Warner

V

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)