FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am **DOCUMENT #** F96000003621 **Secretary of State** 1. Entity Name 02-13-2002 90192 042 ***150.00 G.P. PLASTICS CORPORATION Principal Place of Business Mailing Address ,13375 BRANCHVIEW LANE 13375 BRANCHVIEW LANE DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-1303564 Not Applicable Zip 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 Name SLOTO, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., SUITE 2350 MIAMI FL 33131-2328 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE ☐ Change DAN TILLERY BUMGARNER, ROBERT L NAME NAME 13375 BRANCHVIEW LANE STREET ADDRESS 13375 BRANCHVIEW LANE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP DALLAS, TX 75234 TITLE X Delete TITI F Change Addition ST DELIA H. BUMGARNER NAME SLOVAK, JOE D NAME 13375 BRANCHVIEW LANE STREET ADDRESS STREET ADDRESS 13375 BRANCHVIEW LANE CITY-ST-ZIE CITY-ST-ZIP DALLAS, TX 75234 Dallas TX 75234 TIT! E ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/24/02

214-560-2050

Daytime Phone #

CR2E034 (9/01)