2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State F96000003780 DOCUMENT # 1. Entity Name WM. CAMERON & CO. 01-23-2002 90027 020 ***150.00 Mailing Address Principal Place of Business 11651 PLANO ROAD, SUITE 100 PO BOX 550700 DALLAS TX-75249 -DALLAS-TX 75355-2. Principal Place of Business 3. Mailing Address 1 Independence Pointe Independence Pointe Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-1968171 Greenville Greenville. Not Applicable SC Country Country \$8.75 Additional 5. Certificate of Status Desired 29615 USA **42** 296 IS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 te 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE TITLE □ Detete NAME FAULKNER, DUANE NAME 1 Independence Pointe 11561 PLANO RD STREET ADDRESS STREET ADDRESS DALLAS TX 75243 CITY-ST-ZIP Greenvilk, SC CITY-ST-ZIP Change ☐ Addition TD ☐ Delete TITLE NAME ARMSTRONG, RONALD NAME 1 Independence Polnte STREET ADDRESS STREET ADDRESS 11651 PLANO RD Greenville, SC 29615 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75243 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME A Sec. STREET ADDRESS STREET ADDRESS 2056年中華介華 HINEY THE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition 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 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.

-10-2002

FILED