## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **F97000003536** Mar 29, 2000 8:00 am **Secretary of State** SOUTHWEST ROYALTIES, INC. 03-29-2000 90047 013 \*\*\*150.00 Principal Place of Business Mailing Address 407 N. BIG SPRING 407 N. BIG SPRING P.O. BOX 11390 P.O. BOX 11390 MIDLAND TX 79701 MIDLAND TX 79701-4326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 75-1917432 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \_C\_T\_CORPORATION SYSTEM\_ Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FI 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 filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Change Addition CDP ☐ Delete TITLE NAME NAME WOMMACK, H.H. III STREET ADDRESS 3 WILLOW COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIDLAND TX 79705 Change \_\_\_ Addition ☐ Delete TITI F NAME NAME COREY, H. ALLEN STREET ADDRESS STREET ADDRESS 906 W. BROW ROAD CITY-ST-ZIF CITY-ST-ZIP LOCKOUT MOUNTAING TN 37350 ☐ Delete Change ☐ Addition **VCFO** TITLE NAME NAME COGGIN, BILL E STREET ADDRESS STREET ADDRESS 604 5TH STREET CITY-ST-ZIP CITY-ST-ZIP STANTON TX 79782 Change Addition VAS ☐ Delete TITLE TITLE NAME TATE, JON P NAME STREET ADDRESS STREET ADDRESS 2100 W. WADLEY, #74 CITY-ST-ZIP CITY-ST-ZIP MIDLAND TX 79705 ☐ Delete TITLE Change ☐ Addition TITLE NAME KEATHLEY, R. DOUGLAS MAME STREET ADDRESS STREET ADDRESS **5002 CANDLE TREE COVE** CITY-ST-ZIP CITY-ST-ZIP MIDLAND TX 79705 [] Change Addition Delete TITLE TITLE VPM NAME NAME PERSON, J. STEVEN STREET ADDRESS STREET ADDRESS #13 CHATHAM COURT CITY-ST-ZIP CITY-ST-ZIP MIDLAND TX 79705 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.

915/686-9927 03/21/00 H.H. Wommack III SIGNATURE: \_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #