2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address 6400 IMPERIAL DRIVE

P O BOX 8216

US

WACO TX 76714

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # F9700003876

1. Entity Name

P O BOX 8216

US

WACO TX 76714

Principal Place of Business 6400 IMPERIAL DR

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SVD REALTY ASSET CORP.



4.

5.

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90117 039 ***150.00

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☐ CHECK HERE I	F MAKI	NG CHAI	NGES
FEI Number 74-2836873			Applied For
14 2000010		Γ	Not Applicable
Certificate of Status Desired			5 Additional equired

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

	I .			
7	7. Name and Address of New Re	gistered Ag	ent	
Name				
	•			
Street Address (F	P.O. Box Number is Not Acceptable)			
City		FL	Zip Code	
				_

9. Election Campaign Financing

Trust Fund Contribution.

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. I am familiar with, and accept the obligations of registered agent.

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

Make Check	Repartment of State					ł
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARTAIN, JAMES T 6400 IMPERIAL DR WACO TX 76714-8214	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	SVP MCNAIR, KATHY 6400 IMPERIAL DR WACO TX 76714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, MARGIE 6400 IMPERIAL DRIVE WACO TX 76714	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOSTICK, LOTTE 6400 IMPERIAL DR WACO TX 76714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HAWKINS, JAMES R 6400 IMPERIAL DR WACO TX 76714-8216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FILLIP, G. STEPHEN 6400 IMPERIAL DR WACO TX 76714-8216	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Ilailæ</u>

(254) 751 - 1750

Daytime Phone #

CR2F034 (10/02