FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

~~PROFIT~~
CORPORATION
ANNUAL REPORT
~~1998~~ 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90080 005 ***150.00

[redacted]

DOCUMENT # F97000006065 (3)

1. Corporation Name
CROSS COUNTRY LAND SERVICES, INC.

Principal Office	Mailing Address
10701 CORPORATE DR. #388 STAFFORD TX 77477	10701 CORPORATE DR. #388 STAFFORD TX 77477

DO NOT WRITE IN THIS SPACE

2. Principal Office: 10700 Corporate Dr #100	26. Mailing Address: 10700 Corporate Dr #100	3. Date Incorporated or Qualified	11/17/1997
Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number: 76-0530854	☐ Applied For ☐ Not Applicable
City & State: Stafford, Tx	28. City & State: Stafford, Tx	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 77477 — 25. Country: USA	29. Zip: 77477 — 30. Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, JAMES H		1.2 NAME		
STREET ADDRESS	2406 CHELSTON CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUGARLAND TX 77478		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROWSTON, ED G		2.2 NAME		
STREET ADDRESS	8787 ICICLE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEAVENWORTH WA 98826		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	STEVENSON, WILLIAM M		3.2 NAME	Stevenson, William M	
STREET ADDRESS	10415 WESTEDGE DR		3.3 STREET ADDRESS	402 Muirwood	
CITY-ST-ZIP	SUGAR LAND TX 77478		3.4 CITY-ST-ZIP	Sugarland, Tx 77478	
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, BEN M		4.2 NAME		
STREET ADDRESS	2 RUSTLING WINDS		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY TX 77356		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ORTH, LARRY		5.2 NAME		
STREET ADDRESS	10142 BRIDGEGATE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75243		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME			6.2 NAME	Moore, Marc	
STREET ADDRESS			6.3 STREET ADDRESS	3507 Frontage Rd, Suite 150	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33607	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Orth (signature) Larry Orth 5/3/99 281-240-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0518100

CR2E034 (10/97)