## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000001706

Entity Name: UE PROPERTIES, INC.

FILED Apr 18, 2008 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Place of Business:				
1515 ARAP TOWER 1, DENVER, 0		US					
Current Mailing Address:			New Mailing Address:				
500 S. TAYLOR SUITE 400, LB 239 AMARILLO, TX 791012446 US			527 LOGWOOD SAN ANTONIO, TX 78221 US				
FEI Number:	75-2052226	FEI Number Applied For ( ) FEI Nur	nber Not Appli	cable ( ) Certificate of Status Desired ( )			
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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.							
SIGNATUR	RE:						
	Electronic	Signature of Registered Agent		Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CORBELL, ROYO 500 S. TAYLOR, AMARILLO, TX 7	#400, LB239 91012446 US	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ZACHRY, JOHN B DIR 527 LOGWOOD SAN ANTONIO, TX 78221 US			
Title: Name: Address: City-St-Zip:	( ) [	)elete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition ZACHRY, DAVID S DIR 527 LOGWOOD SAN ANTONIO, TX 78221 US			
Title: Name: Address: City-St-Zip:	( ) [	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MCDONALD, D K DIR 527 LOGWOOD SAN ANTONIO, TX 78221 US			
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Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition MCDONALD, D K VP 527 LOGWOOD SAN ANTONIO, TX 78221 US			
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition GOFF, COLLEEN M SEC 527 LOGWOOD SAN ANTONIO, TX 78221 US			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

	Flacture is Circuit of Circuit of Office and Director		D-1-
SIGNATURE:	D. KIRK MCDONALD	VP	04/18/2008