

2001 UNIFORM BUSINESS REPORT (UBR)

PENDING
 02-13-2002 90223 019 ***758.75
 F98000005869
FILED

02 MAY 21 PM 1:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE *01-02*

DOCUMENT # F98000005869

1. Entity Name
MJB WOOD GROUP, INC.

Principal Place of Business
**9901 E VALLEY RANCH PKWY
 STE 1000
 IRVING TX 75063**

Mailing Address
**9901 E VALLEY RANCH PKWY
 STE 1000
 IRVING TX 75063**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **75-2783003**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 **Michael E. Jones**
 Assistant Secretary
 DATE **4/3/02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLANCHAT, MICHAEL	
STREET ADDRESS	4320 CASTLE ROCK CT	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUXIER, MARK	
STREET ADDRESS	9212 MILL HOLLOW DR	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALDWELL, JOE A	
STREET ADDRESS	304 CAITLAN CIRCLE HIGHLAND	
CITY-ST-ZIP	VILLAGE TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANCHAT, MICHAEL D	
STREET ADDRESS	1914 N SPRUCE	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Auld	
STREET ADDRESS	792 Crestview Court	
CITY-ST-ZIP	Coppell, TX 75019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **10/28/01** **972-901-0025**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(5/01)