2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 07, 2002 8:00 am Secretary of State F98000006543 DOCUMENT # 1. Entity Name 08-07-2002 90196 036 ***550.00 CNC DEVELOPMENT, INC. Principal Place of Business Mailing Address 4420 FM 1960 WEST, STE, 224 4420 FM 1960 WEST, STE, 224 HOUSTON TX 77068 HOUSTON TX 77068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 76-0560684 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition YALAMANCHILI, CHOWDARY NAME NAME 4420 FM 1960 WEST, STE. 224 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77068** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BELANGER, ANGELA NAME STREET ADDRESS 12204 CYPRESS COURT STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77065** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CHAN, ROLITA NAME STREET ADDRESS 4420 FM 1960 WEST STE 224 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

13. Lhereby 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 is changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP