FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 30, 2002 8:00 am Secretary of State F99000001146 DOCUMENT # 1. Entity Name 09-30-2002 90182 036 ***750 00 CROWN CABINET CORP. Principal Place of Business Mailing Address P.O. BOX 62 P.O. BOX 62 MARSHALL TX 75671 MARSHALL TX 75671 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 75-2460194 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 ☐ Change ☐ Addition PONDER, GENE K NAME NAME 5810 ELYSIAN FIELDS RD. STREET ADDRESS STREET ADDRESS MARSHALL TX 75670 CITY-ST-7IP CITY-ST-ZIP **VD** TITLE ☐ Delete TITLE ☐ Addition Change SMITH, BOB NAME NAME STREET ADDRESS 5810 ELYSIAN FIELDS RD. STREET ADDRESS CITY-ST-ZIP MARSHALL TX 75670 CITY-ST-ZIP VSD TITLE Jelete TITLE ☐ Change Addition NAME PONDER, PATSY NAME STREET ADDRESS 5810 ELYSIAN FIELDS RD. STREET ADDRESS CITY-ST-ZIP Marshall TX 75670 CITY-ST-7IP TITLE CF₀ TITLE Change Addition PEARSON, ROBERT A NAME NAME 5810 ELYSIAN FIELDS RD STREET ADDRESS STREET ADDRESS MARSHALL TX 75670 CITY-ST-ZIP 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-7/P 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

SIGNATURE:

XIUNE REQUIRED TORE-AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #