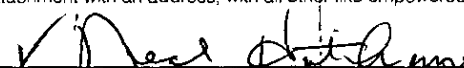


<h1>DOCUMENT # F99000002872</h1>			
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">DOUBLE EAGLE CONSTRUCTION COMPANY, INC.</div>			
Principal Place of Business 200 JEFFERSON AVENUE. STE 1450 MEMPHIS TN 38103		Mailing Address 200 JEFFERSON AVENUE. STE 1450 MEMPHIS TN 38103-8335	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	PCD HUTCHINSON, NEAL	<input type="checkbox"/> Delete	
NAME	3601 BEATTY STREET		
STREET ADDRESS	WEST MEMPHIS AR		
CITY-ST-ZIP			
TITLE	TD HUTCHINSON, ANNA	<input type="checkbox"/> Delete	
NAME	3601 BEATTY STREET		
STREET ADDRESS	WEST MEMPHIS AR		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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 6033(c) of the Internal Revenue Code, and that the information on this report or supplemental report is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 603 of the Code, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <div style="text-align: center; font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NEAL HUTCHINSON</div>			

SIGNATURE: ✓ Neal Hutchinson 1-14-00 901-335-9212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NEAL HUTCHINSON