2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # F99000004447 LYNN W. WILBURN INVESTIGATIONS, INC. 04-27-2001 90297 004 ***150.00 Principal Place of Business Mailing Address PO BOX 316 PO BOX 316 BARBER TX 77413 BARBER TX 77413 645259 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 76-0238748 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINDEN, NEIL P ESQ Street Address (P.O. Box Number is Not Acceptable) 133 SEVILLA CORAL GABLES FL 33134 City Zip Code FL 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 Florica. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete 11113 THE Change Addition WILBURN, LYNN W NAME NAME 1980 POST OAK BLVD, SUITE 1130 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77056** CITY-ST-7IP C!TY-ST-7IP ☐ Delete TITLE TITLE Change Addition CUMMINS, E. PAIGE NAME NAME 1980 POST OAK BLVD, SUITE 1130 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77056** CITY -ST-ZIP CITY-ST-7IP TSD TIT1 F ☐ Delete TITLE ☐ Change Addition WILBURN, PATRICIA A NAME NAME 1980 POST OAK BLVD, SUITE 1130 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77056** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SMITH, SUSAN J NAME NAME 1980 POST OAK BLVD, SUITE 1130 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77056** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY - ST- 7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Wilburn 4/19/01