2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # **F9900006460** WE'RE READY TO ASSEMBLE, INC. 05-18-2001 91565 019 ***150.00 Principal Place of Business Mailing Address 2201 ROYAL LANE., SUITE 230 2201 ROYAL LANE., SUITE 230 IRVING TX 75063 IRVING TX 75063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 75-2838548 Not Applicable Zip Country 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 CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL ST TALLAHASSEE FL 32303 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 Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME D'AMICO, RICHARD J STREET ADDRESS STREET ADDRESS 2201 ROYAL LANE., SUITE 230 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 TITLE TITLE ☐ Change X Addition Delete Treasurer NAME NAME Walker, randy a Randy Shields STREET ADDRESS STREET ADDRESS 2201 ROYAL LANE., SUITE 230 2201 Royal Ln., Ste. 230 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 Irving, Texas 75063 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. D'Amico, Pres.

4/20/01

Date

214-953-5647

☐ Addition

☐ Change

Daytime Phone #