APPRUYEU 2000 UNIFORM BUSINESS REPORT (UBR) AND M99000002062 **DOCUMENT #** 00 JUL 17 PH 12: 51 1. Entity Name SOUTHDOWN SMI HOLDING LLC SECRETARY OF STATE THE LAHASSEE, FLORIDA Mailing Address Principal Place of Business Southdown SMI HOLDING LLC 1200 Smith Street, Suite 2400 HOUSTON, TX 7700Z 2. Principal Place of Business 3. Mailing Address SAME 1200 Smith Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Swite 2400 4. FEI Number 76-06 28/59 Applied For City & State Not Applicable HOUSTON, TEXAS 77002 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET, SUITE 105 TALLAHASSEE, FL 32301 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) 200003334988--9 FILE NOW!!! FEE IS \$50.00 -07/25/00--01052--005-Make Check Payable to Department of State ****50.00 *****50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGRM ADDITIONS Southdown, Inc. Addition TITLE ☐ Delete TITLE 1200 Smith Street, Swite 2400 NAME NAME STREET ADDRESS STREET ADDRESS Houston, TX 77002 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET #DDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE 🧸 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusteed exemptowered to exempt this report as required by Chapter 608, Florida Statutes

Wendell E. Phillips, I

And Secretary

SIGNATURE: