2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007727

Entity Name: SOUTH CENTRAL HTE USER'S GROUP, INC.

FILED May 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 205 N RIVER ST 411 WEST 8TH STREET SEGUIN, TX 78155 ODESSA, TX 79761 **Current Mailing Address: New Mailing Address:** PO BOX 1043 PO BOX 4398 SEGUIN, TX 78156 ODESSA, TX 79760 FEI Number: 75-2917660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JARVIS, HARVEY Name: JARVIS, HARVEY Name: PO BOX 1046 Address: PO BOX 1049 Address: City-St-Zip: GREENVILLE, TX 754031049 City-St-Zip: GREENVILLE, TX 754031049 Title: () Delete Title: (X) Change () Addition STANLEY, SANDRA Name: SANDERS, DORIS Name: Address: 1522 TEXAS PKWY Address: PO BOX 1049 City-St-Zip: MISSOURI CITY, TX 77459 City-St-Zip: GREENVILLE, TX 754031049 Title: PED () Delete Title: PED (X) Change () Addition SHIRLEY, MARSHALL SISSION, STEPHANIE Name: Name: PO BOX 1000 Address: Address: 1522 TEXAS PARKWAY City-St-Zip: BRYAN, TX 77805 City-St-Zip: MISSOURI CITY, TX 77459 Title: SD () Delete Title: () Change () Addition Name: REILEY, RENO W Name: 205 N. RIVER ST Address: Address: City-St-Zip: SEGUIN, TX 78155 City-St-Zip: Title: () Delete Title: () Change () Addition ZENTNER, JAMES Name: Name: PO BOX 4398 Address: Address: City-St-Zip: ODESSA, TX 79760 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ZENTNER TD 05/06/2002