2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N00000007727 1. Entity Name 02-27-2006 90106 003 ****61.25 SOUTH CENTRAL HTE USER'S GROUP, INC. Mailing Address Principal Place of Business 411 WEST 8TH STREET PO BOX 4398 ODESSA, TX 79761 ODESSA, TX 79760 60021524 2. Principal Place of Business 3. Mailing Address 205 N. River St. P.O. Box 1043 Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Cha-NP CR2E037 (11/05) 4. FEI Number 75-2917660 City & State City & State Applied For Sequin Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 45 U.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. िर क्षेत्र (क्षाक्क नेत्र किराई (क्षाक्क करें) नेतरको कि के प्रतिकार से त SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE PE/O □ Delete NAME RANGEL, CYNTHIA NAME 410 NORTH CAMP ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEGUIN, TX 78155 CITY-ST-ZIP Delete TITLE ☐ Addition FREEMAN, KANICE NAME NAME **723 S. LEWIS** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STILLWATER, OK 74074 TIO ☐ Addition TITLE TITLE ☐ Delete NAME ŘEILEY, RENO W NAME STREET ADDRESS 410 NORTH CAMP ST STREET ADDRESS **SEGUIN, TX 78155** CITY-ST-7IP CRTY-ST-7IP P/0 MLE PED Delete TITLE Addition ZENTNER, JAMES NAME NAME STREET ADDRESS PO BOX 4398 STREET ADDRESS CITY-ST-7IP ODESSA, TX 79760 CITY-ST-7IP TITLE TITLE PPID ☐ Addition ☐ Delete JONES, GEOFF NAME NAME STREET ADDRESS 303 EAST 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP **JOPLIN, MO 64801** ☐ Change Addition TITLE Delete TITLE NAME Sue Gomez NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2649

FILED

Feb 27, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Walo, Tx.

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CITY-ST-7IP

Reno W. Reiley