

DOCUMENT # N00000007727						02-07-2008 90026 001 ****61.25	
1. Entity Name SOUTH CENTRAL HTE USER'S GROUP, INC.							
Principal Place of Business 205 N RIVER ST SEGUIN, TX 78155				Mailing Address PO BOX 1043 SEGUIN, TX 78156			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 75-2917660				Applied For Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL 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.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE	PPD	☒ Change ☐ Addition	
NAME	RANGEL, CYNTHIA			NAME			
STREET ADDRESS	350 N. GUADELUPE ST			STREET ADDRESS			
CITY-ST-ZIP	SEGUIN, TX 78155			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	REILEY, RENO W			NAME			
STREET ADDRESS	350 GUADELUPE ST			STREET ADDRESS			
CITY-ST-ZIP	SEGUIN, TX 78155			CITY-ST-ZIP			
TITLE	PPD	☒ Delete		TITLE	PD	☐ Change ☒ Addition	
NAME	ZENTNER, JAMES			NAME	Dell Perry		
STREET ADDRESS	PO BOX 4398			STREET ADDRESS	1117 E. 15th Street		
CITY-ST-ZIP	ODESSA, TX 79760			CITY-ST-ZIP	Plano, TX 75074		
TITLE	PED	☒ Delete		TITLE	SD	☐ Change ☒ Addition	
NAME	GOMEZ, SUE			NAME	Gwen White		
STREET ADDRESS	P.O. BOX 2649			STREET ADDRESS	1520 K Street		
CITY-ST-ZIP	WACO, TX 76702			CITY-ST-ZIP	Plano, TX 75074		
TITLE	SD	☐ Delete		TITLE	PPD	☒ Change ☐ Addition	
NAME	PAULES, SANDY			NAME			
STREET ADDRESS	PO BOX 310289			STREET ADDRESS			
CITY-ST-ZIP	NEW BRAUNFELS, TX 78131			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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.							
SIGNATURE: <u>Reno W. Reiley</u>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
2-1-08				Date			
830-401-2367				Daytime Phone #			