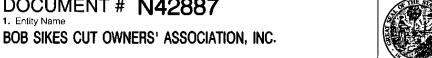
## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N42887** 1. Entity Name



FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90038 007 \*\*\*\*61.25

DOD OIL		1014, 1140-					
Principal Place of Business 5420 LBJ SUITE 660 DALLAS TX 75240 US		Mailing Address 5420 LBJ SUITE 660 DALLAS TX 75240 US			1 (1881 1888) 1884 1884 1884 8884 8884 8884	1811 B1811 H881	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 75-		Applied For	
Zip	Country	Zip-	Country	5. Certificate of Stat		dditional	
	6. Name and Address of Current	Registered Agent			ess of New Registered Agent	eu .	
		<u> </u>	Name				
JOHN T LAVIA, LANDERS A PARSONS 310 WEST COLLEGE AVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	ASSEE FL 32301						
			City		FL Zip Co	de	
the obliga					e State of Florida. Tam familiai wit	, and accept	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Cont				\$5.00 May Be Added to Fees	Make Check Payable Florida Department of		
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS I	N 10	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEART, VICKI D. 5420 LBJ FWY SUITE 660 DALLAS TX	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE	CDP	☐ Delete	TITLE	TE 1	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MAHR, GEORGE J. 5420 LBJ FWY-SUITE 660 DALLAS TX	والمعهدات المستميع ينعمان	NAME - STREET ADDRESS* - CITY-ST-ZIP	- Andrews	en to make and		
TITLE NAME STREET ADORESS CITY-ST-ZIP	DV HERREN, ROBERT S P.O. BOX 854 EASTPOINT FL 32328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.000	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7/P		☐ Change	Addition	

12. 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 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.

3/46/03

973-170-2010