2000 UNIFORM BUSINESS REPORT (UBR) Jul 13, 2000 8:00 am DOCUMENT # **P20094 Secretary of State** FOCP, INC. 07-13-2000 90012 020 ***550.00 Principal Place of Business Mailing Address 4890 ALPHA ROAD 4890 ALPHA ROAD SUITE 100 SUITE 100 DALLAS TX 75244 DALLAS TX 75244-4639 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 75-2240196 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be:\$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. FIRST VICE PRESIDENT ☐ Change Addition **PVST** ☐ Delete TITLE STEPHEN SKURTH TITLE PETTIT, JESSE W. 4890 ALPHA Rd, Smite 100 NAME STREET ADDRESS 4890 ALPHA RD, STE #100 STREET ADDRESS 15244 CITY-ST-ZIP DAlles CITY-ST-ZIP DALLAS TX 75244 ☐ Change Addition ☐ Delete TITLE. NAME PETTIT, JESSE W. NAME STREET ADDRESS 4890 ALPHA RD, STE #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75244 ☐ Addition Delete TITLE ☐ Change TITLE SHAW, LEWIS W., II NAME NAME STREET ADDRESS 4890 ALPHA RD, STE #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75244 ☐ Addition ☐ Change ☐ Delete TITLE SHAW, KENNETH W. NAME NAME STREET ADDRESS STREET ADDRESS 4890 ALPHA RD, STE #100 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75244 ☐ Change ☐ Addition vpst ☐ Delete TITLE TITLE BRAY, J. MICHAEL NAME 4890 ALPHA RD, STE #100 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75244 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 period as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

1 x

CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.2-00

972-628-740

Date

Daytime Phone #