

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90007 015 \*\*\*\*70.00

**DOCUMENT # P29260**  
 1. Entity Name  
**AMERICAN ASSOCIATION FOR CONSUMER BENEFITS, INC.**

Principal Place of Business 3801 HULEN STREET FORT WORTH TX 76107	Mailing Address 3801 HULEN STREET FORT WORTH TX 76107-7202
---	--

2. Principal Place of Business 3909 Hulen Street Suite, Apt. #, etc.	3. Mailing Address P. O. Box 100279 Suite, Apt. #, etc.
City & State Ft Worth, TX	City & State Ft Worth, TX
Zip 76107	Country USA

4. FEI Number 75-2287196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT REDMOND, JAMES 3801 HULEN ST. FT WORTH TX 76107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINK, ROBERT 3801 HULEN ST. FT WORTH TX 76107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUNFIELD, GREGG 3801 HULEN ST. FT WORTH TX 76107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAVID 3801 HULEN ST. FORT WORTH TX 76107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lucy Cook 3909 Hulen Street Ft Worth, TX 76107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Marcus Byers 3909 Hulen Street Ft Worth, TX 76107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Mike Rogers 3909 Hulen Street Ft Worth, TX 76107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rex Pennington 3909 Hulen Street Ft Worth, T 76107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Lucy Cook* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/00 (817) 732-0657

Date Daytime Phone #

CR2E037 (9/99)