Sep 08, 2003 8:00 am

FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Secretary of State DOCUMENT # P30324 06-25-2003 90072 028 ***150.00 1. Entity Name 09-08-2003 90128 050 ***550.00 DECK THE WALLS, INC. Principal Place of Business Mailing Address TOFFCTOR 100 GLENBOROUGH DR.. PO BOX 1187 HOUSTON TX 77251 14TH FL. HOUSTON TX 77067 Principal Place of Business 3. Mailing Address 707 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 76-0311221 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE Change ☐ Addition JONES, JOHN W. NAME 4527 HIGH COURT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35242** CITY-ST-ZIP TITLE **PCEO** ☐ Delete TITLE Change ☐ Addition NAME LOWREY, STEVEN NAME 12707 N. FRWy #330 STREET ADDRESS 100 GLENBOROUGH STE 1400 STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77067 CITY-ST-ZIP TITLE EVP -----Change ☐ Addition Delete TITLE _ NAME WILLIAMS, CONSTANCE NAME STREET ADDRESS 100 GLENBOROUGH STE 1400 STREET ADDRESS 12707 N. FRWY #330 CITY-ST-ZIP HOUSTON TX 77067 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition CAMPBELL, PHILIP NAME NAME STREET ADDRESS 100 GLENBOROUGH STE 1400 STREET ADDRESS 12707 N. FRUL #330 40057UN, TX 77060 CITY-ST-ZIP **WARREN IN 46792** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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 of truatee empowered to execute this report as required by Chapter 607, 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:

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR