

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90365 038 ***150.00

DOCUMENT # P32126

1. Entity Name

FLOWTRONEX INTERNATIONAL, INC.

Principal Place of Business

PO BOX 7095
 TYLER TX 75711
 US

Mailing Address

5700 W. PLANO PARKWAY
 SUITE #1400
 PLANO TX 75093
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
 NAME **WALL, RONALD L**
 STREET ADDRESS **5600 CHAMPIONS DRIVE**
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **PENNINGTON, PAUL G**
 STREET ADDRESS **101 ST. ANDREWS STREET**
 CITY-ST-ZIP **LINDALE TX 75771**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **JONES, AL W**
 STREET ADDRESS **3507 MATT LANE**
 CITY-ST-ZIP **TYLER TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **MARSH, WILLIAM H**
 STREET ADDRESS **THREE BROMPTON COURT**
 CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MADISON, MICHAEL W**
 STREET ADDRESS **3809 COVINTON**
 CITY-ST-ZIP **PLANO TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BROCKWAY, DAVID C**
 STREET ADDRESS **4675 BRIDLE PATH LANE**
 CITY-ST-ZIP **DUBLIN OH 43017**

TITLE ☒ Change ☐ Addition
 NAME **Brockway, David C**
 STREET ADDRESS **5533 Dublin Road**
 CITY-ST-ZIP **Dublin, OH 43017**

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 report 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.

SIGNATURE:

Michael W. Madison

Michael W. Madison

4/30/01

972-857-8533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)