


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90174 030 ***150.00

DOCUMENT # P36192	
1. Entity Name H2O DISTRIBUTION, INC.	

Principal Place of Business P.O. BOX 1610 HOT SPRINGS, AR 71902	Mailing Address 5949 SHERRY LANE STE 1900 DALLAS, TX 75225
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20055821



2. Principal Place of Business 5949 Sherry Lane	3. Mailing Address
Suite, Apt. #, etc. Suite 1900	Suite, Apt. #, etc.
City & State Dallas, Texas	City & State
Zip 75225	Country USA

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 13-2564099	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> Delete
NAME	ETHRIDGE, JOSEPH A
STREET ADDRESS	5949 SHERRY LANE, SUITE 1900
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KORBA, ROBERT W.
STREET ADDRESS	5949 SHERRY LANE, SUITE 1900
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	MITCHELL, THOMAS
STREET ADDRESS	150 CENTRAL AVENUE
CITY-ST-ZIP	HOT SPRINGS, AR 71901
TITLE	EVD <input checked="" type="checkbox"/> Delete
NAME	WASHBURN, JOHN H.
STREET ADDRESS	5949 SHERRY LANE STE 1900
CITY-ST-ZIP	DALLAS, TX 75225
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	SIMMONS, DON
STREET ADDRESS	150 CENTRAL AVE
CITY-ST-ZIP	HOT SPRINGS, AR
TITLE	VPCT <input type="checkbox"/> Delete
NAME	ZIMMERMAN, JOE
STREET ADDRESS	5949 SHERRY LANE, SUITE 1900
CITY-ST-ZIP	DALLAS, TX 75225

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP, D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Ethridge
STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	Dallas, TX 75225
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert W. Black
STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	Dallas, TX 75225
TITLE	Vice President - Tax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Doepe
STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	Dallas, TX 75225
TITLE	Vice President, GC, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather Kreager
STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	Dallas, TX 75225
TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl M. Gosch
STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	Dallas, TX 75225
TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Zimmerman
STREET ADDRESS	5949 Sherry Lane, Suite 1900
CITY-ST-ZIP	Dallas, TX 75225

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 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: 	Joseph A. Ethridge	4-29-05	214-210-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			