2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P37598 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name OPERATOR SERVICE COMPANY 04-27-2000 90009 010 ***150.00 Mailing Address Principal Place of Business 5302 AVE Q 5302 AVE Q LUBBOCK TX 79412-2722 LUBBOCK TX 79412 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 75-2180408 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition CDS Delete TITLE TITLE NAME SMITH, MICHAEL R. NAME STREET ADDRESS STREET ADDRESS 5302 AVD Q CITY-ST-ZIP CITY-ST-ZIP LUBBOCK TX ☐ Addition ☐ Change TITLE PTD ☐ Delete TITLE SMITH, KIRK NAME STREET ADDRESS STREET ADDRESS 5302 AVD Q CITY-ST-ZIP CITY-ST-ZIP Lubbock TX Thange ☐ Addition ☐ Delete TITLE PETTIGREW, VIRGIL B. NAME STREET ADDRESS STREET ADDRESS 10748 ST. LAZARE CITY-ST-ZIP CITY-ST-ZIP DALLAS TX Change ☐ Addition ☐ Delete TITLE TITLE NAME **BEALL, CHARLES** NAME STREET ADDRESS STREET ADDRESS 535 COLONIAL PARK DR CITY-ST-ZIP CITY-ST-ZIP **ROSWELL GA** ☐ Change ☐ Addition TITLE TITLE ☐ Delete HAWK, ROBERT C. NAME NAME STREET ADDRESS STREET ADDRESS 7585 SOUTH BISCAY CITY-ST-ZIP CITY-ST-ZIP **AURORA CO** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

(806) 747–2474

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #