2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # P37926** 1. Entity Name 05-17-2001 91083 048 ***150.00 TOP PRIORITY SALES, INC. Principal Place of Business Mailing Address 2201 ROYAL LANE 2201 ROYAL LANE 101016 STE 230 STE 230 IRVING TX 75063 IRVING TX 75063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 77-0301938 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition TITLE ☐ Defete TITLE D'AMICO, RICHARD J NAME NAME 2201 ROYAL LANE, STE 230 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 TITLE Addition TITLE **XX**Delete Treasurer NAME WALKER, RANDY A NAME Randy Shields STREET ADDRESS 2201 ROYAL LANE, STE 230 STREET ADDRESS 2201 Royal Ln., Ste. 230 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75063 Irving, Texas 75063 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITL F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ulaus SIGNATURE: Richard J. D'Amico 4/9/01 214-953-5647 IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED