FILED
Sep 27, 2004 8:00 am
Secretary of State

08-31-2004 90003 007 ***550.00

8/31/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66434109

07232004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000062111

1. Entity Name
TOTAL CONVENIENCE MARKETING, INC.

Principal Place of Business	Mailing Address
11410 JOLLYVILLE RD. SUITE 3202 AUSTIN, TX 78759 US	11410 JOLLYVILLE RD. SUITE 3202 AUSTIN, TX 78759 US

2. Principal Place of Business	3. Mailing Address
16770 Hedgecroft	16770 Hedgecroft
Suite, Apt. #, etc.: Suite 710	Suite, Apt. #, etc.: Suite 710
City & State: Houston, Texas	City & State: Houston, Texas
Zip: 77060 Country: USA	Zip: 77060 Country: USA

4. FEI Number: 59-3258213 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, STEPHEN J 315 SE 7TH STREET STE. 303 FORT LAUDERDALE, FL 33301	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: Steven R. Bub V.P. STEVEN R. BUB
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☒ Delete	TITLE	OP ☐ Change ☒ Addition
NAME	ANDREWS, CECIL D	NAME	Bob Wallace
STREET ADDRESS	4010 LONGCHAMP DR. #22	STREET ADDRESS	16770 Hedgecroft Suite 710
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	Houston TX 77060
TITLE	D ☒ Delete	TITLE	OVP ☐ Change ☒ Addition
NAME	ANDREWS, DONNA J	NAME	Steve Bub
STREET ADDRESS	4010 LONGCHAMP DR. #22	STREET ADDRESS	16770 Hedgecroft Suite 710
CITY-ST-ZIP	AUSTIN, TX 78746	CITY-ST-ZIP	Houston, TX 77060
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	
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	

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: 9-20-04 281-999-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #