2000 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2000 08:00 AM DOCUMENT # P94000067528 1. Entity Name **Secretary of State** CONCEPT PETROLEUM, INC. Principal Place of Business Mailing Address 705 WINDSOR CREEK DR 705 WINDSOR CREEK DR SOUTHLAKE TX SOUTHLAKE TX 76092 76092 US 2. Principal Place of Business 3. Mailing Address 4355 SYLVANFIELD 4355 SYLVANFIELD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHITE 100 SUITE 100 City & State City & State 4. FEI Number Applied For HOUSTON тx HOUSTON TX 65-0523752 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 77014 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRIELOW GARY R. 2700 PGA BLVD., SUITE 203 Street Address (P.O. Box Number is Not Acceptable) **SUITE 814** PALM BEACH GARDENS 33410 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. 03/16/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTS Delete TITLE X Change ☐ Addition STARR FRANK NAME BERRY GREG STREET ADDRESS 705 WYNDSOR CREEK DR STREET ADDRESS 1801 WOODRIDGE DRIVE CITY-ST-ZIP SOUTHLAKE 76092 CITY-ST-ZIP ABILENE ΤX 79605 TITLE ☐ Delete VD. TITLE PDT X Change ☐ Addition NAME NAME GREER GARY A GREER GARY STREET ADDRESS 4606 F.M. 1960 WEST, SUITE 400 STREET ACCRESS 4355 SYLVANFIELD, SUITE 100 CITY-ST-ZIF HOUSTON TXCITY-ST-718 HOUSTON TX77014 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

CIONATURE. CARVA CREER