

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 037 ***150.00

DOCUMENT # 795000004551 ✓
1. Entity Name
Old Harbour Minerals Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3700 Hulen Street
Suite, Apt. #, etc.
Fort Worth, TX
City & State

3. Mailing Address
PO Box 985004
Suite, Apt. #, etc.
Fort Worth, TX
City & State

4. FEI Number
Not Applicable
Applied For
Not Applicable

Zip 76107 Country US Zip 76185-5004 Country US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Corporation Information Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street
City Tallahassee FL Zip Code 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SD
NAME	KELLEY, JIM D
STREET ADDRESS	3700 HULEN STREET
CITY-ST-ZIP	FORT WORTH, TX 76107
TITLE	PD
NAME	REILLY, DAVE
STREET ADDRESS	3700 HULEN STREET
CITY-ST-ZIP	FORT WORTH, TX 76107
TITLE	V
NAME	EHLE, JAMES L
STREET ADDRESS	3700 HULEN STREET
CITY-ST-ZIP	FORT WORTH, TX 76107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] April 30, 2002 (817) 732-8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)