2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003
Secretary of State

DOCUMENT# P95000020153

Entity Name: T. WILLIAMSON ASSOCIATES, INC.

Current Principal Place of Business:

316 W 12TH ST
SUITE 105
AUSTIN, TX 787011840 US

New Principal Place of Business:

5 CHEVERLY COURT
AUSTIN, TX 787381511 US

Current Mailing Address:

P.O. BOX 684765
AUSTIN, TX 787684765 US

New Mailing Address:

P.O. BOX 340097
AUSTIN, TX 787340097 US

FEI Number: 59-3304026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMSON, THOMAS A
Address: 316 WEST 12TH STREET, #105
City-St-Zip: AUSTIN, TX 787011840

Title: DEVT ( ) Delete
Name: WILLIAMSON, KATHRYN W
Address: 5 CHEVERLY COURT
City-St-Zip: AUSTIN, TX 787381511

Title: VPS ( ) Delete
Name: WILLIAMSON, THOMAS J
Address: 5 CHEVERLY COURT
City-St-Zip: AUSTIN, TX 787381511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMSON, THOMAS A
Address: 5 CHEVERLY COURT
City-St-Zip: AUSTIN, TX 787381511

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. WILLIAMSON PD 01/24/2003

Electronic Signature of Signing Officer or Director — Date