	UNIFORM BUSI MENT # P99000		FILED Aug 22, 2001 08:00 AM								
1. Entity Nam		013962			•	Secreta			.1		
Principal Place 3606 RR 620 N R.R. 620 SOUT AUSTIN 78734	e of Business H NUMBER 28D TX	Mailing Address 3606 RR 620 N R.R. 620 SOUTH NUMBER 28D AUSTIN TX 78734									
2. Principal P 3606 R.R. 620 P	lace of Business	3. Mailing Address 3606 R.R. 620 NORTH									
Suite, Apt.	#, etc.	Suite, Apt. #, etc. C/O JOHN LANEHART				DO NOT WRITE IN THIS SPACE					
City & State	TX	City & State AUSTIN	TX		4. FEI Number Applied For 65-0907636 Not Applicable]			
Zip 78734	Country	Zip 78734	Coun	try	5.	Certificate of Status D	esired	\$8.75 A Fee Requ			
	6. Name and Address of Current F	legistered Agent		Name	7.	Name and Address o	f New Register	ed Agent]	
MAASS ROBB R 321 ROYAL POINCIANA PLAZA					ddress (P.O. E	iress (P.O. Box Number is Not Acceptable)					
PALM BEA	CH FI US	,		City						<u>-</u>	
9 The chaus	named entity submits this statement for	the second secon						Zip C	ode	_	
9. This corporate flags filling re	Signature, typed or printed name of registered agent as pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)		Registere FEE	d Agent signat. IS \$150.1 Will be \$5	ure required when n		- 08/	\$5	.00 May Be		
11.	OFFICERS AND D	300	12.			DDITIONS/CHANGES	TO OFFICERS A	AND DIRECTO	DRS IN 11	4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLORY LYLE 800 JOHNSTON ST ALEXANDRIA	☐ Delete						☐ Chang		34 (11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCHART JOHN 3606 RR 620 N AUSTIN	☐ Delete ,			D LANEHAR 3606 R.R.6 AUSTIN		TX	M Chang 78734	e Addition	CR2E0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS CAROL B 909 BROOKS HOLLOW AUSTIN	☐ Delete						☐ Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ==	☐ Delete						Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Chang	e Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et adoress -St-Zip				☐ Chang			
of the cor changed,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my vered to execute this report a	COMP	i iro enali n	ava tha coma	legal offect on it made			or or director		
SIGNAT		INTED NAME OF SIGNING OFFICER OF	R DIRECT	OR	d	08/22/20 Date	001	Daytime Phone	#		

Date

Daytime Phone #