

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90155 038 \*\*\*150.00

**DOCUMENT # F01000003529**



1. Entity Name  
**SHELL COMMUNITY FINANCING COMPANY**

Principal Place of Business  
**910 LOUISIANA  
HOUSTON TX 77002**

Mailing Address  
**P.O. BOX 2463  
HOUSTON TX 77252-2463**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>76-0561633</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|   |  |  |  |  |  |  |  |           |          |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE FL 32301-2525</b> |  |  |  | Name   |  |  |  |           |          |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|   |  |  |  | City   |  |  |  | <b>FL</b> | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCD<br/>LEFTWICH, R W<br/>910 LOUISIANA<br/>HOUSTON TX 77002</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>G. R. HULLINGER<br/>910 LOUISIANA<br/>HOUSTON, TX 77002</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>DEERE, R.V<br/>910 LOUISIANA<br/>HOUSTON TX 77002</b>      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V<br/>C. K. POTTER<br/>910 LOUISIANA<br/>HOUSTON, TX 77002</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>PANCOTTI, J J<br/>910 LOUISIANA<br/>HOUSTON TX 77002</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>POTTER, C K<br/>910 LOUISIANA<br/>HOUSTON TX 77002</b>     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>S. FRANKLIN<br/>910 LOUISIANA<br/>HOUSTON, TX 77002</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>PHILLIPS, E V<br/>910 LOUISIANA<br/>HOUSTON TX 77002</b>   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>K. D. JOSEPH<br/>910 LOUISIANA<br/>HOUSTON, TX 77002</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LAMBOLEY, C A<br/>910 LOUISIANA<br/>HOUSTON TX 77002</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** SIGNATURE REQUIRED **J. PAUL** 4/28/2003 713/241-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)