

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004717

**Entity Name:** BMS CAT, INC.

**Current Principal Place of Business:**

303 ARTHUR ST.  
FORT WORTH, TX 76107

**Current Mailing Address:**

303 ARTHUR ST.  
FORT WORTH, TX 76107

**FEI Number:** 61-1537529

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title TREA  
Name SMITH, ROBERT D  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

Title VP  
Name DEATON, DAVID  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

Title SD  
Name BLACKMON, W.G. III  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

Title D  
Name BLACKMON, KIRK A  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

Title D  
Name BLACKMON, GREGORY P  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

Title PRES  
Name HEAD, TOM  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

Title VP  
Name CLAY, ROBB  
Address 303 ARTHUR ST.  
City-State-Zip: FORT WORTH TX 76107

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT D. SMITH**

**TREASURER**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date