

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91563 027 \*\*\*150.00

**DOCUMENT # 826957**

1. Entity Name  
**H.B. ZACHRY COMPANY**

Principal Place of Business <b>527 LOGWOOD          P. O. BOX 21130          SAN ANTONIO TX 78221</b>	Mailing Address <b>527 LOGWOOD          P. O. BOX 21130          SAN ANTONIO TX 78221</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>74-0998570</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		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>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EBROM, CHARLES</b>			NAME			
STREET ADDRESS	<b>213 SHEFFIELD PLACE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN ANTONIO, TX 00000</b>			CITY-ST-ZIP			
TITLE	<b>VPC</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOZANO, JOE J.</b>			NAME			
STREET ADDRESS	<b>2758 WHISPER PATH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN ANTONIO, TX 00000</b>			CITY-ST-ZIP			
TITLE	<b>COB</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZACHRY, H B JR</b>			NAME			
STREET ADDRESS	<b>7603 SHADYLANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN ANTONIO, TX 00000</b>			CITY-ST-ZIP			
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORNELAS, GONZALEZ</b>			NAME			
STREET ADDRESS	<b>2511 RESTON</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN ANTONIO, TX 00000</b>			CITY-ST-ZIP			
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSTON JR., MURRAY L.</b>			NAME			
STREET ADDRESS	<b>306 KENNEDY AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN ANTONIO TX</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANNING, KEITH</b>			NAME			
STREET ADDRESS	<b>8479 ROMNEY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN ANTONIO TX</b>			CITY-ST-ZIP			

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe J. Lozano* Date: 5-11-01 Daytime Phone #: 210-475-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)