

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005965

FILED
Apr 22, 2010
Secretary of State

Entity Name: BAUGH SUPPLY CHAIN COOPERATIVE, INC.

Current Principal Place of Business:

C/O TAX DEPT.
1390 ENCLAVE PARKWAY
HOUSTON, TX 77077

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT.
1390 ENCLAVE PARKWAY
HOUSTON, TX 77077

New Mailing Address:

FEI Number: 76-0687279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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
Name: DAY, WILLIAM B
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: T
Name: DRUMMOND, KIRK
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: AS
Name: BROOKS, CONNIE S
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: VPS
Name: KURZ, THOMAS P
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: CFO
Name: VALENTINE, DAVID L
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

Title: VP
Name: NICHOLS, MICHAEL C
Address: 1390 ENCLAVE PARKWAY
City-St-Zip: HOUSTON, TX 77077

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: CONNIE S. BROOKS

AS

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date