

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90069 030 ***150.00

DOCUMENT # F01000005965



1. Entity Name
BAUGH SUPPLY CHAIN COOPERATIVE, INC.

Principal Place of Business
C/O LEGAL DEPARTMENT
1390 ENCLAVE PARKWAY
HOUSTON TX 77077

Mailing Address
C/O LEGAL DEPARTMENT
1390 ENCLAVE PARKWAY
HOUSTON TX 77077

10030071



2. Principal Place of Business
C/O Tax Dept
Suite, Apt. #, etc.

3. Mailing Address
C/O TAX Dept.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

| | | | | | | |
|----------------|--|--------------|--|----------------------------------|------------|---|
| City & State | | City & State | | 4. FEI Number | 76-0687279 | Applied For |
| Zip | | Country | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Not Applicable | | | | | | |

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ACCARDI, LAWRENCE J | |
| STREET ADDRESS | 1390 ENCLAVE PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77077 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | BERKE, KENT R | |
| STREET ADDRESS | 1390 ENCLAVE PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77077 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SANDERS, DIANE D | |
| STREET ADDRESS | 1390 ENCLAVE PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77077 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | OATES, KATHY | |
| STREET ADDRESS | 1390 ENCLAVE PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77077 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | YOUNG, EVELYN P | |
| STREET ADDRESS | 1390 ENCLAVE PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77077 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | BROOKS, CONNIE S | |
| STREET ADDRESS | 1390 ENCLAVE PARKWAY | |
| CITY-ST-ZIP | HOUSTON TX 77077 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | Please See Attached List |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF KATHY OATES **REQUI KATHY OATES** APR 24 2003 **281-584-1390**

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

CR2E034 (10/02)