


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90179 043 \*\*\*150.00

**DOCUMENT # F01000005965**  
 1. Entity Name  
**BAUGH SUPPLY CHAIN COOPERATIVE, INC.**



Principal Place of Business  
**C/O TAX DEPT.  
 1390 ENCLAVE PARKWAY  
 HOUSTON, TX 77077**


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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**20047170**



03312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0687279**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ACCORDI, LAWRENCE J 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>PLEASE SEE ATTACHED LIST</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, DIANE D 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT OATES, KATHY 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YOUNG, EVELYN P 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROOKS, CONNIE S 1390 ENCLAVE PARKWAY HOUSTON, TX 77077 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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:** *Connie S. Brooks* *Asst Secretary* *04/08/2005* *281 584-1390*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Connie S. Brooks*

FEIN: 76-0687279

**BAUGH SUPPLY CHAIN COOPERATIVE, INC.**

**ATTACHMENT** 20047170

# F01000005965

OFFICERS: TITLE	NAME	MAILING ADDRESS
President	Lawrence J. Accardi	1390 Enclave Parkway, Houston, TX 77077
Vice President	Aaron I. Katz	1390 Enclave Parkway, Houston, TX 77077
Vice President	Thomas P. Kurz	1390 Enclave Parkway, Houston, TX 77077
Vice President	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077
Assistant VP & Secretary	Ann F. Gullion	1390 Enclave Parkway, Houston, TX 77077
Treasurer	Diane Day Sanders	1390 Enclave Parkway, Houston, TX 77077
Assistant Treasurer	Kathy Oates	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Paula J. Bione	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Linda S. DeLeon	1390 Enclave Parkway, Houston, TX 77077

DIRECTORS:	NAME	MAILING ADDRESS
	Lawrence J. Accardi	1390 Enclave Parkway, Houston, TX 77077
	John K. Stubblefield, Jr.	1390 Enclave Parkway, Houston, TX 77077
	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077