

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90297 048 \*\*\*150.00

04/22/2002 AT

**DOCUMENT # P36192**

1. Entity Name  
**MOUNTAIN VALLEY SPRING COMPANY**

Principal Place of Business      Mailing Address

**P.O. BOX 1610**                              **P.O. BOX 1610**  
**HOT SPRINGS AR 71902**                      **HOT SPRINGS AR 71902**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2564099**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ETHRIDGE, JOSEPH A</b>                 | NAME  |   |
| STREET ADDRESS             | <b>5949 SHERRY LANE, SUITE 1900</b>       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DALLAS TX 75225</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KORBA, ROBERT W.</b>                   | NAME  |   |
| STREET ADDRESS             | <b>5949 SHERRY LANE, SUITE 1900</b>       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DALLAS TX 75225</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <b>PT</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MITCHELL, THOMAS</b>                   | NAME  |   |
| STREET ADDRESS             | <b>150 CENTRAL AVENUE</b>                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>HOT SPRINGS AR</b>                     | CITY-ST-ZIP   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WASHBURN, JOHN H.</b>                  | NAME  |   |
| STREET ADDRESS             | <b>5949 SHERRY LANE, SUITE 1900</b>       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DALLAS TX 75225</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SIMMONS, DON</b>                       | NAME  |   |
| STREET ADDRESS             | <b>150 CENTRAL AVE</b>                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>HOT SPRINGS AR</b>                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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)(j), 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:** *Joseph A. Ethridge* **REQUIRED** **Joseph A. Ethridge, VP-Tax & Director 214-210-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-22-02 Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)