

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

FILED
May 05, 2003 8:00 am
Secretary of State

0699173 AB

DOCUMENT # P38961
1. Entity Name
HAAG ENGINEERING CO.



05-05-2003 90199 036 ***150.00



Principal Place of Business P.O. BOX 814245 DALLAS TX 75381		Mailing Address P.O. BOX 814245 DALLAS TX 75381	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 75-1102228		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JOHN D.	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, SCOTT	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TE	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIETHORN, JIM	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT, FLESHMANN	NAME	SECRETARY
STREET ADDRESS	2455 MCIVER DR	STREET ADDRESS	JOHN WLASCINSKI
CITY-ST-ZIP	CARROLLTON TX 75006	STREET ADDRESS	2455 MCIVER LN.
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKPATRICK, STONEY	NAME	T/D
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	JUDY VAN METER
CITY-ST-ZIP	CARROLLTON TX 75006	CITY-ST-ZIP	2455 MCIVER LN.
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEASDALE, DAVID	NAME	
STREET ADDRESS	2455 MCIVER	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX	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: Judy Van Meter, Treasurer Date: 4/30/03 Daytime Phone #: 972.247.6444

CR2E034 (10/02)