

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 033 ***150.00

DOCUMENT # 845910

1. Entity Name

HKS ARCHITECTS, INC.

LS

Principal Place of Business

1919 MCKINNEY AVE.
 DALLAS TX 75201-1753
 US

Mailing Address

1919 MCKINNEY AVE.
 DALLAS TX 75201-1753
 US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1082838**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | BRAME, RONALD M | |
| STREET ADDRESS | 11201 LEACHMAN CIRCLE | |
| CITY-ST-ZIP | DALLAS TX 75229 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SKAGGS, RONALD L | |
| STREET ADDRESS | 5229 WINDJAMMER | |
| CITY-ST-ZIP | PLANO TX 75093 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HAWKINS, H. RALPH | |
| STREET ADDRESS | 3301 HIDALGO | |
| CITY-ST-ZIP | IRVING TX 75062 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BUSKUH, C. JOE | |
| STREET ADDRESS | 11815 HIGH FOREST | |
| CITY-ST-ZIP | DALLAS TX 75230 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald L. Skaggs

Ronald L. Skaggs

7/18/01

214/969-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Attachment
Doc# 845910

C0075168

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 25, 2001

HKS ARCHITECTS, INC.
1919 MCKINNEY AVE.
DALLAS, TX 75201-1753 US

Subject: HKS ARCHITECTS, INC.

Reference Number: 845910

Return to

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg
ANNUAL REPORTS SECTION