

2001 UNIFORM BUSINESS REPORT (UBR)

0019006 AB

DOCUMENT # **B00000000041**

1. Entity Name

U.S. PERSONNEL VIII L.P.

FILED *W*
01 MAY 14 PM 12:27 *5/23*

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1600 AIRPORT FREEWAY, SUITE 208
BEDFORD TX 76092**

Mailing Address

**1600 AIRPORT FREEWAY, SUITE 208
BEDFORD TX 76092**

2. Principal Place of Business

2300 VALLEY VIEW LANE
Suite, Apt. #, etc.

SUITE 300

City & State
IRVING TX

Zip
75062

Country
DALLAS

3. Mailing Address

2300 VALLEY VIEW LANE
Suite, Apt. #, etc.

SUITE 300

City & State
IRVING TX

Zip
75062

Country
DALLAS

4. FEI Number

75-2861307

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

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$990.00

10. Amount of Capital Contributions in FLORIDA to date.

\$58490.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F00000000913**
NAME **USP HOLDING, INC.**
STREET ADDRESS **1600 AIRPORT FREEWAY, SUITE 208**
CITY-ST-ZIP **BEDFORD TX 76092**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **2300 VALLEY VIEW LANE STE 300**
CITY-ST-ZIP **IRVING TX 75062**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Brian Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BRIAN ANDERSON SEC 5-9-01 972-871-0400

Date

Daytime Phone #

CR2E003 (11/00)