

2001 UNIFORM BUSINESS REPORT (UBR)

0018635 AF

DOCUMENT # B95000000165

1. Entity Name
FINCO INVESTMENTS, LTD.

FILED

01 JAN 16 PM 9:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**99 DETERING, SUITE 200
HOUSTON TX 77007**

Mailing Address
**99 DETERING, SUITE 200
HOUSTON TX 77007**



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

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

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **76-0426109** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,348,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 | | 13. ADDRESS CHANGES ONLY | |
|---|--|--------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | F95000002234 FINCO MANAGEMENT, INC. 99 DETERING, SUITE 200 HOUSTON TX 77007 | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | 600003591096-1 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | -01/30/01-01009-017 ****526.25 ****526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |

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: **REQUIRED** **Gordon Pilmer** **01/11/01** **(713) 864-3313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)