

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90227 008 \*\*\*\*61.25

**DOCUMENT # F01000002964**

1. Entity Name

**POMPANO INDUSTRIAL CENTER, INC.**



Principal Place of Business

**800 NEWPORT CENTER DRIVE, SUITE 300  
NEWPORT BEACH FL 92660**

Mailing Address

**800 NEWPORT CENTER DRIVE, SUITE 300  
NEWPORT BEACH FL 92660**

2. Principal Place of Business

**4500 LBJ Freeway,**

**700**

**Dallas, Texas**

**75240**

3. Mailing Address

**4500 LBJ Freeway**

**700**

**Dallas, Texas**

**75240**



CHECK HERE IF MAKING CHANGES

4. FEI Number **33-0965575**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RABIN, DAVID L	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	NEWPORT BEACH FL 92660	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	MCWALTERS, JAMES G	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	NEWPORT BEACH FL 92660	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, LAWRENCE K	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	NEWPORT BEACH FL 92660	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GAYLORD, LAURA R	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	NEWPORT BEACH FL 92660	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAVANAUGH, JEFFREY S	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	NEWPORT BEACH FL 92660	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOWLEY, KEVIN M	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	
CITY-ST-ZIP	NEWPORT BEACH FL 92660	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farer, David, N.	
STREET ADDRESS	4500 LBJ Freeway, LB2	
CITY-ST-ZIP	Dallas, Texas 75240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ridley, David A	
STREET ADDRESS	4500 LBJ Freeway, LB2	
CITY-ST-ZIP	Dallas, Texas 75240	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ragsdale, Ronald	
STREET ADDRESS	5400 LBJ Freeway, LB2	
CITY-ST-ZIP	Dallas, Texas 75240	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Kevin	
STREET ADDRESS	5400 LBJ Freeway, LB2	
CITY-ST-ZIP	Dallas, Texas 75240	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirby, Michael	
STREET ADDRESS	5400 LBJ Freeway, LB2	
CITY-ST-ZIP	Dallas, Texas 75240	
TITLE	TAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Chris M	
STREET ADDRESS	5400 LBJ Freeway, LB2	
CITY-ST-ZIP	Dallas, Texas 75240	

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 617, 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: **SIGNATURE REQUIRED**

4/8/03

972-915-7400

CR2E037 (10/02)