

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 025 ***150.00

DOCUMENT # F93000004457

1. Entity Name

TARRAGON CAPITAL CORPORATION



Principal Place of Business

1775 BROADWAY
23RD FLOOR
NEW YORK NY 10019
US

Mailing Address

3100 MONTICELLO
SUITE 200
DALLAS TX 75205
US

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

75-2340089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT 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

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

(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

TITLE **DT** ☐ Delete
NAME **FRIEDMAN, LUCY N**
STREET ADDRESS **1775 BROADWAY, 23RD FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **P** ☐ Delete
NAME **FRIEDMAN, WILLIAM S.**
STREET ADDRESS **1775 BROADWAY, 23RD FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **DV** ☐ Delete
NAME **FRIEDMAN, TANYA E**
STREET ADDRESS **883 GUERRERO STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94110**

TITLE **DV** ☐ Delete
NAME **FRIEDMAN, EZRA H**
STREET ADDRESS **10 MAGAZINE STREET**
CITY-ST-ZIP **CAMBRIDGE MA 02139-KKKK**

TITLE **AS** ☐ Delete
NAME **GREEN, EILEEN**
STREET ADDRESS **1775 BROADWAY, 23RD FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **SV** ☐ Delete
NAME **MANSFIELD, KATHRYN**
STREET ADDRESS **3100 MONTICELLO, SUITE 200**
CITY-ST-ZIP **DALLAS TX 75205**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **Minor, Todd C./**
STREET ADDRESS **3100 Monticello Ave., Ste. 200**
CITY-ST-ZIP **Dallas, TX 75205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

214-599-2293

Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0653/51 A1

DOCUMENT # F93000004457

1. Entity Name

TARRAGON CAPITAL CORPORATION



Principal Place of Business

1775 BROADWAY
23RD FLOOR
NEW YORK NY 10019
US

Mailing Address

3100 MONTICELLO
SUITE 200
DALLAS TX 75205
US

80054775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-2340089

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 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

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

(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 DT
NAME FRIEDMAN, LUCY N
STREET ADDRESS 1775 BROADWAY, 23RD FLOOR
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE VP
NAME Minor, Todd C.
STREET ADDRESS 3100 Monticello Ave., Ste. 200
CITY-ST-ZIP Dallas, TX 75205 ☐ Change ☒ Addition

TITLE P
NAME FRIEDMAN, WILLIAM S.
STREET ADDRESS 1775 BROADWAY, 23RD FLOOR
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME FRIEDMAN, TANYA E
STREET ADDRESS 883 GUERRERO STREET
CITY-ST-ZIP SAN FRANCISCO CA 94110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME FRIEDMAN, EZRA H
STREET ADDRESS 10 MAGAZINE STREET
CITY-ST-ZIP CAMBRIDGE MA 02139-KKKK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME GREEN, EILEEN
STREET ADDRESS 1775 BROADWAY, 23RD FLOOR
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SV
NAME MANSFIELD, KATHRYN
STREET ADDRESS 3100 MONTICELLO, SUITE 200
CITY-ST-ZIP DALLAS TX 75205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kathryn Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03
Date

214-599-2293
Daytime Phone #

Kathryn Mansfield, Vice President & Secretary

CR2E034 (10/02)