2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 30, 2000 8:00 am DOCUMENT # **F93000004730** 1. Entity Name **Secretary of State** SWEATAC, INC. 03-30-2000 90020 018 ***150.00 Principal Place of Business Mailing Address 12200 STEMMONS FWY 12200 STEMMONS FWY **STE 100** STE 100 DALLAS TX 75234 **DALLAS TX 75234-5877** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 75-2504207 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE - 105 TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete PRESIDENT TITLE ☐ Change Addition A TITLE HERBERT L GOODMAN MASEK, GREG M NAME 12200 Stemmons Frwy # 100 NAME STREET ADDRESS STREET ADDRESS 12200 STEMMONS FWY #100 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 DA-11AS TX 75034 U.P. TREASHERRY SEC. Delete **VDS** ☐ Change Addition TITLE TITLE ELEANA R. JONES WYMOND, SUE NAME NAME 2200 Stemmors FRWY \$100 STREET ADDRESS 12200 STEMMONS FWY #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 DAILAS, TX 75234 ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED