## 2)00 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # F94000003193 ROMA FRANCHISE CORPORATION 02-01-2000 90036 049 \*\*\*150.00 Mailing Address Principal Place of Business 9304 FOREST LANE 9304 FOREST LANE SUITE 200 SUITE 200 ROOTTOOK DALLAS TX 75243-8953 DALLAS TX 37543 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEi Number 75-2402837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Change Addition 4 VAS Delete TITLE TITLE Page, Robert B. HOLLAND, SUSAN NAME NAME 9304 Forest Lane, Suite 200 9304 FOREST LANE, SUITE 200 STREET ADDRESS STREET ADDRESS Dallas, Texas 75243 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75243 □ X Addition ☐ Change ☐ Delete Vice President/Treasurer TITLE SHORT, DAVID G Peabody, Richard A. NAME STREET ADDRESS 9304 Forest Lane, Suite 200 STREET ADDRESS 9304 FOREST LANE SUITE 200 CITY-ST-ZIP Dallas, Texas 75243 CITY-ST-ZIE DALLAS TX Addition Deleie TITLE TIT! F NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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 of tustee 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 attachmer address, with attrother like empowered.

SIGNATURE:

214-343-7800