## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # F9400006284 AUSTIN COMMERCIAL, INC. 05-03-2001 90075 003 \*\*\*150.00 Principal Place of Business Mailing Address 3535 TRAVIS 3535 TRAVIS SUITE 300 SUITE 300 DALLAS TX 75204 DALLAS TX 75204 2. Principal Place of Business 3. Mailing Address AX DEPARTMENT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PO BOX 1590 City & State D A LL 45 City & State 4. FEI Number Applied For 75-2501531 TXNot Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 75221-159n DALLAS 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 HAYS ST. SUITE 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SVP Addition TITLE Delete TITI F ☐ Change WALLS, DAVID B. 35 35 TRAVIS ST MCADOO, WILLIAM C NAME NAME Suite 300 STREET ADDRESS 3535 TRAVIS ST STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS DALLAS TX 75204 TX 75204 🗖 Delete Addition TITLE TITLE Change CLEVELAND, JAMES R JACKSON, TONY J 3535 Trans St Suite 300 NAME NAME STREET ADDRESS 3535 TRAVIS ST STE 300 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DALLAS TX 75204 TX 75204 TITLE. - 🗔 Delete TITLE ☐ Change ☐ Addition NAME Stakem, Alan P NAME STREET ADDRESS 3523 TRAVIS ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75204 TAS ☐ Oelete TITLE TITLE ☐ Change ☐ Addition NAME SCHRANZ, JAMES E NAME STREET ADDRESS 3523 TRAVIS ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75204 TITLE SVP Delete TITLE ☐ Addition NAME MCADOO, WILLIAM C NAME STREET ADDRESS 3535 TRAVIS ST., STE 300 STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP TITLE SVP ☐ Delete TITLE ☐ Change ☐ Addition NAME CLEVELAND, JAMES R STREET ADDRESS 3535 TRAVIS ST., STE 300 STREET ADDRESS CITY-ST-ZIP 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 trusted 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 s, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: //

Date

Daytime Phone #