

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90152 033 ***150.00

DOCUMENT # F98000005545

1. Entity Name
TRANSCONTINENTAL SADLER SQUARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	Mailing Address 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231
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2. Principal Place of Business 1800 Valley View Lane Suite, Apt. #, etc. Suite 300 City & State Dallas, Texas	3. Mailing Address 1800 Valley View Lane Suite, Apt. #, etc. Suite 300 City & State Dallas, Texas
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4. FEI Number 75-2784439	Applied For Not Applicable
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Zip 75234	Country USA	Zip 75234	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAHA, KARL L 10670 N. CENTRAL ESPRESSWAY STE 600 DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENDENDYK, BRUCE A 10670 N CENTRAL EXP DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLAND, THOMAS A 10670 N CENTRAL EXP DALLAS TX 75231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAROWICZ, DAVID 10670 N CENTRAL EXP DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHUA, ROLAND 10670 N CENTRAL EXP DALLAS TX 75231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, JOHN 10670 N CENTRAL EXP DALLAS TX 75231 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Branigan Mark W. 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234

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.

SIGNATURE: M.P. ROSSER VP-Treas 1/17/01 469/522-4222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)