

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99000000986**

1. Entity Name
REID PLASTICS GROUP LLC

Principal Place of Business
**2515 MCKINNEY AVENUE, SUITE 850
DALLAS TX 75201**

Mailing Address
**2515 MCKINNEY AVENUE, SUITE 850
DALLAS TX 75201-1993**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5605 N. MacArthur Blvd.

3. Mailing Address
5605 N. MacArthur Blvd.

Suite, Apt. #, etc.
Suite 360

City & State
Irving, TX

City & State
Irving, TX

4. FEI Number
75-2825339

Applied For
 Not Applicable

Zip
75038

Country

Zip
75038

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVER, STEVE 2515 MCKINNEY AVENUE, SUITE 850 DALLAS TX 75201 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUSTICE, RONALD E 2515 MCKINNEY AVENUE, SUITE 850 DALLAS TX 75201 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRASHER, TIMOTHY 2515 MCKINNEY AVENUE, SUITE 850 DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTES, WILLIAM J 2515 MCKINNEY AVENUE, SUITE 850 DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, HENRY 2515 MCKINNEY AVENUE, SUITE 850 DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003275339--5 -06/02/00--01090--001 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Brian Ketcham **BRIAN KETCHAM** 4/27/00 (402) 934-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR 000001 10/01/00