2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000055820** May 08, 2000 8:00 am 1. Entity Name Secretary of State QUESTAR LOWER BUCKS, INC. 05-08-2000 90148 046 ***150.00 Principal Place of Business Mailing Address 2200 ROSS AVENUE. #3600 2200 ROSS AVENUE, #3600 DALLAS TX 75201 DALLAS TX 75201-2776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3520451 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code City FL 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 12. **₽**, ८₹₽ **Change** TITLE TITLE **X** Delete STANLEY, PAUL M NAME MARK L. WAGAR NAME 2200 ROSS AVE., SUITE 3600 STREET ADDRESS STREET ADDRESS 15438 N. FLORIDA AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33613** DAUAS, TO 75201 PRES, COO Delete TITLE MARK S. MARTIN 2200 ROSS AVE., SUITE 3600 NEWKIRK, THOMAS R NAME NAME STREET ADDRESS STREET ADDRESS 15438 N. FLORIDA AVENUE, SUITE 200 CITY-ST-7IP DAWAS, TX 75201 CITY-ST-ZIP **TAMPA FL 33613** M Addition D, SECRETARY 💢 Change , ☐ Delete TITLE DAUL M. JOCAS. NAME zzoo Ross Aus., Suite 3600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAULYS, TO 75201 **Change Addition** TITLE ☐ Delete TITLE VP, treasured DAVID W. YOUNG NAME ROSS AVE., SLITE SECO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TC 75201 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE

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 truetee 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 arran attachment with an anadress, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

☐ Delete

NED OR PRINTED NAME OF