## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

## FILED DOCUMENT # P99000109432 May 04, 2000 8:00 am 1. Entity Name Secretary of State TEX-SIERRA, INC. 05-04-2000 90091 043 \*\*\*150.00 Mailing Address Principal Place of Business 222 LAKEVIEW AVE., 17TH FLOOR 222 LAKEVIEW AVE.,17TH FLOOR WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REGSERV CORP. Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401 City Zip Code anging its registered office or registered agent, or both, in the State of Florida. 8. The above Regserv Corp. SIGNATURE By: Mark Nussbaum, Vice President (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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change Delete TITLE TITLE Mark A. Ferrucci NAME NAME RENDINA, BRUCE A CT Corporation System STREET ADDRESS 222 LAKEVIEW AVE., 17TH FLOOR STREET ADDRESS 1209 Orange Street CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Wilmington, DE 19801 Change Addition ( ☐ Delete TITLE VP/S/T TITLE Patrick J. DiSalvo NAME NAME 222 Lake view Avenue, 17th Floor STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 report of the use empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Patrick J. DiSalvo<sub>421</sub>/00 (561) 655

Vice President

with all other like empowered.

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR