## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 04, 2000 8:00 am DOCUMENT # **F94000005938** Secretary of State FORNEY CORPORATION 03-04-2000 90067 016 \*\*\*150.00 Principal Place of Business Mailing Address 3405 WILEY POST RD. 3405 WILEY POST RD. CARROLLTON TX 75006-5115 **CARROLLTON TX 75006** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 51-0354053 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST., #105 TALLAHASSEE FL 32301 4 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. ☐ Addition **X**☐ Delete President TITLE EHMKE, BRENT NAME NAME Jack Satterfield 3405 WILEY POST ROAD STREET ADDRESS 3405 Wiley Post Road STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CARROLLTON TX Carrollton, TX 75006 ☐ Change ☐ Addition TITLE □ Delete TITLE HANNON, JOHN F NAME STREET ADORESS 700 NICKERSON RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARLBOROUGH MA 01752 TITLE . ☐ Delete TITLE Change ☐ Addition CONNELL, W.S.T. NAME NAME STREET ADDRESS 3405 WILEY POST ROAD STREET ADDRESS CITY-ST-ZIP **CARROLLTON TX 75006** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIE

W.S.T. Connell, Treasurer

2/18/2000

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Daytime Pho

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