2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 167534 Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** FIRST FAMILY FINANCIAL SERVICES, INC. 03-07-2000 90051 042 ***150.00 Principal Place of Business Mailing, Address P.O. BOX 660237 250 CARPENTER FREEWAY IRVING TX 75062 CORP TAX DEPT DALLAS TX 75266-0237 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0714560 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME MAPLES, RONALD S STREET ADDRESS STREET ADDRESS 4362 PEACHTREE RD NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Addition **VPT** ☐ Change ☐ Delete TITLE NAME HUGHES, JOHN NAME STREET ADORESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-7IP CITY-ST-ZIP IRVING TX Addition TITLE Change TITLE ☐ Delete LISKOW, FREDERIC C ----NAME NAME STREET ADDRESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** ☐ Change ☐ Addition **AVAS** ☐ Delete TITLE TITLE NAME GREENE, PATRICK J NAME STREET ADDRESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-ZIP CITY-ST-ZIP IRVING TX ☐ Addition Change D ☐ Delete TITLE MICHAEL W. SLETTEN NAME STEHEN: MICHAEL W NAME STREET ADDRESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-ZIP CITY-ST-ZIP **IRVING TX** TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME LONGENECKER, CHESTER D STREET ADDRESS STREET ADDRESS 250 CARPENTER FREEWAY CITY-ST-ZIP CITY-ST-7IP **IRVING TX**

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

PATRICK J. GREENE

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND APED OR PRINTED NAME OF SIGN

SIGNATURE: