2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # 348748** SEMORAN MANAGEMENT CORPORATION 03-09-2001 90010 042 ***150.00 Mailing Address Principal Place of Business 14841 DALLAS PARKWAY 14841 DALLAS PARKWAY DALLAS TX 75240-2100 DALLAS TX 75240-2100 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1361631 Not Applicable Zip Zip Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 \$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, 2001 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. CR2E034 (10/00) PD ☐ Change XX Addition TITLE TITLE X Delete PRESIDENT, DIRECTOR COLE, BRIAN H NAME NAME JOHN J. MURPHY STREET ADDRESS STREET ADDRESS 14841 DALLAS PARKWAY 14841 DALLAS PARKWAY CITY-ST-ZIP CITY-ST-ZIP **DALLAS TX 75240-2100** DALLAS, TX 75240-2100-Change ☐ Addition TITLE ☐ Delete TITLE NAME MORGAN, MELANIE K NAME STREET ADDRESS STREET ADDRESS 14841 DALLAS PARKWAY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240-2100 VP, TREAS, ASST SEC. XXChange TITLE JITLE `⊡ Delete~ HORN, IDA W NAME NAME 14841 DALLAS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240-2100 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

John J. Murphy, President 2/27/2001 972-338-7700 SIGNATURE: OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED