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(972) 892-7200

Daytime Phone #

🧓 🖄 000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # 600617						
•	DRIDA II, INC.		FILED				
Principal Place of Business Mailing Address 14800 LANDMARK STE 500 STE 500 DALLAS TX 75240 DALLAS TX 75240-7013			00 JUL 27 AM 11: 59	3			
		14800 LANDMARK STE 500		SECRETARY OF STATE TALLAHASSEE FLORIDA			
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 59-1226228	_ 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered	Agent		
			Name				
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
		City	Fi	Zip Code			
9. This corpo	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 2	TE: Registered Agent signature requively 11!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S	10. Election Campaign Financing Trust Fund Contribution		O May Be	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEARY, MICHAEL 14800 LANDMARK STE 500 DALLAS TX 75240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003343 -08/02/00 ****550.00	01006 ****55	008 50.00	
TITLE NAME Street Address City-St-Zip	VP BOND, JONATHAN 14800 LANDMARK STE 500 DALLAS TX 75240	▼ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition	
TITLE NAME Street Address City-St-Zip	S NICOLAOU, KAREN 5005 RIVERWAY DR STE 400 HOUSTON TX 77056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDENBURN, LANE 14800 LANDMARK STE 500 DALLAS TX 75240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1897/27	☐ Change	☐ Addition	
TITLE ' NAME - STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
13. I hereby of indicated of the cor	on this report or supplemental report s	true and accurate and that wered to execute this repor	or the exemption stated in my signature shall have the tas required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further can same legal effect as if made under oath; that I soor, Florida Statutes; and that my name appears	am an officer	or director	

Michael Yeary

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: