

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90037 006 ***150.00

DOCUMENT # 852141

1. Entity Name
PMI IMAGING SYSTEMS, INC.

Principal Place of Business

3232 MINNEY AVENUE
STE 900
DALLAS TX 75204

Mailing Address

+3232 MINNEY AVENUE
STE 900
DALLAS TX 75204
US

953445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3232 MCKINNEY AVENUE

Suite, Apt. #, etc.

SUITE 1000

City & State

DALLAS TX

Zip

75204

Country

3. Mailing Address

3232 MCKINNEY AVENUE

Suite, Apt. #, etc.

SUITE 1000

City & State

DALLAS TX

Zip

75204

Country

4. FEI Number 22-2367277

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SO DADLAND BLVD SUITE 508
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, GARY	
STREET ADDRESS	1144 LIBERTY BELL DR.	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LEBENBEERY, MARGOT T	
STREET ADDRESS	3232 MINNEY AVE STE 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARKER, TIMOTHY J	
STREET ADDRESS	3232 MCKINNEY AVE., STE 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ROSE, JOE A	
STREET ADDRESS	3232 MCKINNEY AVE., STE 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWMAN, ED H	
STREET ADDRESS	3232 MCKINNEY AVE., STE 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, THOMAS C	
STREET ADDRESS	3232 MCKINNEY AVE., STE 900	
CITY-ST-ZIP	DALLAS TX 75204	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPE, MICHAEL S.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, CHARLES S.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, BARRY	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JOE A.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ED H.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, THOMAS C.	
STREET ADDRESS	3232 MCKINNEY AVENUE SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75204	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

214.953.7555

CR2E034 (10/00)