

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90098 040 ***150.00

DOCUMENT # 854365

1. Entity Name
TREASURY PROPERTIES, INC.

Principal Place of Business

**6501 LEGACY DR
 PLANO TX 75024
 US**

Mailing Address

**P.O. BOX 10001
 A/2-720
 DALLAS TX 75301-1205
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3093164

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME	S JOHNSON, MR <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6501 LEGACY DR	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75024	CITY-ST-ZIP	
TITLE NAME	V ROMESBERG, RD <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6501 LEGACY DR	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75024	CITY-ST-ZIP	
TITLE NAME	VPTD NAPOLI, FRANK N <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6501 LEGACY DR	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75024	CITY-ST-ZIP	
TITLE NAME	PD LOWENKRON, N.M. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6501 LEGACY DR	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	CITY-ST-ZIP	
TITLE NAME	S GOELLNER, A.O. <input type="checkbox"/> Delete	TITLE NAME	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6501 LEGACY DR	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	CITY-ST-ZIP	
TITLE NAME	AT PORTER, M D <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6501 LEGACY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75024-3698	CITY-ST-ZIP	

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: *R. Romesberg* **REQUIRION ROMESBERG**

972-431-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (9/01)