

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90005 032 ***150.00

DOCUMENT

1. Entity Name

856081

ROSEWOOD TIMBER COMPANY

Principal Place of Business Mailing Address

500 CRESCENT COURT
 SUITE 300
 DALLAS, TX 75201

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

75-1875593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE 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

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, 2000 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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CRISP, DON W	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS TX	
TITLE	PRES, DIRECTOR	<input type="checkbox"/> Delete
NAME	MARSHALL, SCHUYLER B	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS TX	
TITLE	SVP SECR	<input type="checkbox"/> Delete
NAME	NAU, C. JEDSON	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS TX	
TITLE	TREAS	<input type="checkbox"/> Delete
NAME	CHALK, MARTI	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS TX	
TITLE	CEO DIRECTOR	<input type="checkbox"/> Delete
NAME	SANDS, DAVID K	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS TX	
TITLE	ASST SECR	<input type="checkbox"/> Delete
NAME	MILLWARD, BARBARA	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SR. VP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN L. FISH	
STREET ADDRESS	500 CRESCENT CT #300	
CITY - ST - ZIP	DALLAS, TX 75201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #