

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91273 028 ***150.00

DOCUMENT # 856081

1. Entity Name
ROSEWOOD TIMBER COMPANY



Principal Place of Business
500 CRESCENT CT. STE 300
DALLAS TX 75201

Mailing Address
500 CRESCENT CT. STE 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-1875593

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CRISP, DON W.	
STREET ADDRESS	500 CRESCENT CT #300	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARSHALL, SCHUYLER B	
STREET ADDRESS	500 CRESCENT CT #300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NAU, C. JEDSON	
STREET ADDRESS	500 CRESCENT CT, STE 300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHALK, MARTI	
STREET ADDRESS	500 CRESCENT CT, STE 300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	CED	<input type="checkbox"/> Delete
NAME	SANDS, DAVID K.	
STREET ADDRESS	500 CRESCENT CT #300	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLWARD, BARBARA	
STREET ADDRESS	500 CRESCENT CT, STE 300	
CITY-ST-ZIP	DALLAS TX 75201	

TITLE	SVP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN L. FISH	
STREET ADDRESS	500 CRESCENT CT. STE. 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED SVP + CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

214-756-6100

Daytime Phone #

CR2E034 (10/02)