2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000542

1. Entity Name

CALMCO SERVICING, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 28 PM 1:25

Principal Place of Business	Mailing Address
301 CONGRESS AVENUE. SUITE 200 AUSTIN TX 78701	301 CONGRESS AVENUE. SUITE 200 AUSTIN TX 78701

2. Principal Place of Business		3. Mailing Address	
9600 Great Hills Trail		9600 Great Hills Trail	
Suite, Apt. #, etc. 200 E		Suite, Apt. #, etc. 200 E	
City & State Austin, TX		City & State Austin, TX	
Zip 78759	Country Travis	Zip 78759	Country Travis

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2885883 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. Capital Contributions as Shown on record. $0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000963	STREET ADDRESS	9600 Great Hills Trail, Suite 200 E
NAME	CALMCO GP L.L.C.		
STREET ADDRESS	301 CONGRESS AVENUE, SUITE 200	CITY-ST-ZIP	Austin, TX 78759
CITY-ST-ZIP	AUSTIN TX 78701		
DOCUMENT #		STREET ADDRESS	800003350078--8
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED DAVID M. FRIEDMAN 7/20/00 512 349-8383
SIGNATURE AND TYPED ~~OR PRINTED~~ NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)