

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90014 024 \*\*\*150.00

0611508 AI

**DOCUMENT # F00000004118**

1. Entity Name

**CHI SELECT BRANDS, INC.**

Principal Place of Business

**6400 INTERNATIONAL PARKWAY, SUITE 1000  
 PLANO TX 75093**

Mailing Address

**6400 INTERNATIONAL PARKWAY, SUITE 1000  
 PLANO TX 75093**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-4302310**

Applied For

Not Applicable

Zip Country

Zip Country

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

**CAPITOL CORPORATE SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE FL 32303**

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, 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 **P** ☒ Delete  
 NAME **NORRED, JAMES L III**  
 STREET ADDRESS **6400 INTERNATIONAL PARKWAY, SUITE 1000**  
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **BAXLEY, DAVID A**  
 STREET ADDRESS **6400 INTERNATIONAL PARKWAY, SUITE 1000**  
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **MARTIN, DON W JR**  
 STREET ADDRESS **6400 INTERNATIONAL PARKWAY, SUITE 1000**  
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD** ☐ Delete  
 NAME **SMITH, OSCAR R JR.**  
 STREET ADDRESS **6400 INTERNATIONAL PARKWAY, SUITE 1000**  
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **SMITH, O R JR**  
 STREET ADDRESS **6400 INTERNATIONAL PARKWAY STES 1000-2000**  
 CITY-ST-ZIP **PLANO TX 75093**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Don W Martin Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-02**  
 Date

**972-349-1100**  
 Daytime Phone #

CP2E034 (9/01)