## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F00000004696

1. Entity Name

**EDS RESOURCE MANAGEMENT CORPORATION** 



May 02, 2003 8:00 am & Secretary of State

05-02-2003 90726 026 \*\*\*150.00

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Principal Place of Business 5400 LEGACY DRIVE PLANO TX 75024			5400 H1-4A	Mailing Address 5400 LEGACY DRIVE H1-4A-66 PLANO TX 75024									
2. Principal Place of Business			<b>3.</b> Ma	3. Mailing Address			-		# 8441 <b>80</b> 144 <b>05</b> 411 <b>60</b> 14	<b>         </b>		10 (01/6 O)/( 100)	
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	4. FEI Number 75-2893574				Applied For Not Applicable	
Zip		Country	Zìp	Zip Country				Certificate	of Status Desire	ag □	<b>\$8.75</b> Fee Requ		
6. Name and Address of Current Registered Agent						7.	Name and	Address of Ne	w Registere	d Agent			
CORPORATION SERVICE COMPANY				· · · · · ·		Vame	dress (PO	Roy Numbe	er is Not Accept	ahla)	<del></del> -	<u></u>	_
1201 HAYS STREET TALLAHASSEE FL 32301-2525													-
***************************************				City				<del></del>	F	FL Zip Code			
	named entity tions of registe		statement for the purp	oose of changing its	registered o	office or r	egistered a	igent, or bot	th, in the State o	f Florida. I ar	m familiar wi	th, and accep	ot
SIGNATURE .	Signature, typed o	r printed name of	registered agent and title if ap	olicable (NOTS	E: Registered Ag	ent signature	required when	reinstating)	<del></del>	DATE	<u> </u>	<del>- ·</del>	
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FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of Sta		e \$550.00					1	ection Campaigr ust Fund Contrib	_		.00 May Be led to Fees	,	
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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 ampowered 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 effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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 effect as the corporation of the corporation of the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if made under oath in the same legal effect as if ma

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(972)605-1200