2002 Uniform Business Report (UBR)

SIGNATURE: 9

Mar 28, 2002 8:00 am F00000004998 DOCUMENT # **Secretary of State** 1. Entity Name 03-28-2002 90121 013 ***158.75 ASG GENERAL PARTNER, INC. Principal Place of Business Mailing Address 1900 WEST LOOP SOUTH, 5TH FLOOR 1900 WEST LOOP SOUTH, 5TH FLOOR HOUSTON TX 77027 HOUSTON TX 77027 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 76-0385312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BARRY, JOHN 1515 SOUTH FEDERAL HIGHWAY, SUITE 102 **BOCA RATON FL 33432** 8. The above named entity sulphits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete NAME WEATHERS, MICHAEL W NAME Svite 1300 STREET ADDRESS ELNOR, STREET ADDRESS 1900 WEST LOOP SOUTH, 5TH FLOOR CITY-ST-ZIP **HOUSTON TX 77027** CITY-ST-ZIP ☐ Charne TITLE Delete TITLE NAME NAME MAPLES, MITCH A Elipe, Sinte 1300 STREET ADDRESS STREET ADDRESS 1900 WEST LOOP SOUTH, 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** - Director TITLE ☐ Delete TIT! F NAME GILBERT, ALAN'E NAME Alan Gilber STREET ADDRESS STREET ADDRESS 124 WEST PUTNAM AVENUE, 2ND FLOOR CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME SPIER, DANIEL S 1900 WEST LOOP SOUTH, 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX 77027** TITLE TITLE Delete sean Oobson Change NAME FINGERMAN, WAYNE NAME esident/Director STREET ADDRESS STREET ADDRESS 1900 WEST LOOP SOUTH, 5TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS 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 119.0 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 changed, or on an attachment