

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91431 033 \*\*\*150.00

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**DOCUMENT # F00000006145**

1. Entity Name  
**EXPERIO SOLUTIONS CORPORATION**



Principal Place of Business  
**2001 BRYAN STREET  
SUITE 3600  
DALLAS TX 75201**

Mailing Address  
**2001 BRYAN STREET  
SUITE 3600  
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

4. FEI Number **75-2896490**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 **PD** ☒ Delete  
NAME **SCOVILLE, CHARLES**  
STREET ADDRESS **2001 BRYAN STREET, STE 3600**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Michael Travis**  
STREET ADDRESS **2001 Bryan Street, Suite 3600**  
CITY-ST-ZIP **Dallas, TX 75201**

TITLE **SC** ☐ Delete  
NAME **GOODMAN, STEVE**  
STREET ADDRESS **123 N WACKER DR, STE 1200**  
CITY-ST-ZIP **CHICAGO IL 60606**

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

TITLE **EV** ☒ Delete  
NAME **RASKAS, DAN**  
STREET ADDRESS **2001 BRYAN STREET, STE 3600**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **EVP** ☐ Change ☒ Addition  
NAME **Dale Thompson**  
STREET ADDRESS **2001 Bryan Street, Suite 3600**  
CITY-ST-ZIP **Dallas, TX 75201**

TITLE **D** ☐ Delete  
NAME **MAKI, MASAYOSHI**  
STREET ADDRESS **1717 MAIN STREET**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1717 Main Street, Suite 5800**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NAKAMURA, TOYOAKI**  
STREET ADDRESS **1717 MAIN STREET, SUITE 500**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1717 Main Street, Suite 5800**  
CITY-ST-ZIP

TITLE **EVPC** ☒ Delete  
NAME **MCKEE, MICHAEL W**  
STREET ADDRESS **2001 BRYAN STREET, STE 3600**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **EVP** ☐ Change ☒ Addition  
NAME **Bruce Ballengee**  
STREET ADDRESS **2001 Bryan Street Suite 3600**  
CITY-ST-ZIP **Dallas, TX 75201**

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:

**SBV Ballengee** **BRUCE Ballengee**

**4/24/03 214-665-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)