

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006725

1. Entity Name
PRIMESOURCE FOODSERVICE EQUIPMENT, INC.

Principal Place of Business
15305 DALLAS PARKWAY, SUITE 1200
ADDISON TX 75001

Mailing Address
15305 DALLAS PARKWAY, SUITE 1200
ADDISON TX 75001

2. Principal Place of Business
15301 Dallas Parkway
Suite, Apt. #, etc.
#600

3. Mailing Address
/ Samuel
Suite, Apt. #, etc.

City & State
Addison TX

Zip
75001

Country
USA

4. FEI Number
75-2892500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARRIER, CHARLES E
15305 DALLAS PARKWAY, SUITE 1200
ADDISON TX 75001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MILES, DARREN
15305 DALLAS PARKWAY, SUITE 1200
ADDISON TX 75001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLINGSWORTH, ARTHUR W.
13355 NOEL ROAD, SUITE 2210
DALLAS TX 75240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004668928
-11/06/01--01052--005
***\$550.00 ***\$550.00

TITLE
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TITLE
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: Charles Carrier **SIGNATURE REQUIRED** Pres. 9/5/01 (214) 273-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 OCT 15 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

01 OCT 15 AM 10:01

CR2E034 (5/01)