

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90019 016 \*\*\*550.00

0138622 SP

**DOCUMENT # F00000007089**

1. Entity Name  
**INVESMART OF TEXAS, INC.**



Principal Place of Business: **11130 JOLLYVILLE ROAD, SUITE 100 AUSTIN TX 78759**

Mailing Address: **PENN CENTER WEST, BLDG. SIX, SUITE 211 PITTSBURGH PA 15276**

**00074035**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **52-2208973**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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.

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: DCEO NAME: BRITTON, J E III STREET ADDRESS: PENN CENTER WEST, BLDG. 6, SUITE 211 CITY-ST-ZIP: PITTSBURGH PA 15276	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: MCGLOTHLIN, JOHN J STREET ADDRESS: 11130 JOLLYVILLE ROAD, SUITE 100 CITY-ST-ZIP: AUSTIN TX 78759	<input type="checkbox"/> Delete
TITLE: S NAME: HERYFORD, CRAIG S STREET ADDRESS: PENN CENTER WEST, BLDG. 6, SUITE 211 CITY-ST-ZIP: PITTSBURGH PA 15276	<input type="checkbox"/> Delete
TITLE: T NAME: BATTAGLIA, NICOLA STREET ADDRESS: PENN CENTER WEST, BLDG. 6, SUITE 211 CITY-ST-ZIP: PITTSBURGH PA 15276	<input type="checkbox"/> Delete
TITLE: D NAME: GENSHEIMER, MARK R STREET ADDRESS: PENN CENTER WEST, BLDG. 6, SUITE 211 CITY-ST-ZIP: PITTSBURGH PA 15276	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DCEO NAME: Robert Craig Kirsch STREET ADDRESS: Penn Center West Six, Suite 211 CITY-ST-ZIP: Pittsburgh PA 15276	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark R Gensheimer **REQUIRED Treasurer** 7/10/01 4122493200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)