

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90246 029 \*\*\*150.00

**DOCUMENT # F00000007193**

1. Entity Name

**HQ GLOBAL WORKPLACES, INC.**

Principal Place of Business

**15950 NORTH DALLAS PARKWAY, SUITE 400  
 DALLAS TX 75248**

Mailing Address

**1117 PERIMETER CENTER WEST  
 SUITE 500 E  
 ATLANTA GA 30338**

2. Principal Place of Business

**15305 Dallas Parkway**

Suite, Apt. #, etc.

**#1400, LB-20**

City & State

**Addison, TX**

Zip

**75001**

Country

3. Mailing Address

**1000 Manseil Exchange West**

Suite, Apt. #, etc.

**#250**

City & State

**Alpharetta, GA**

Zip

**30022**

Country

4. FEI Number

**75-2880508**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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	<b>DCEO KUSIN, GARY 15950 NORTH DALLAS PARKWAY, SUITE 400 DALLAS TX 75248</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO RUPERT, DAVID 15950 NORTH DALLAS PARKWAY, SUITE 400 DALLAS TX 75248</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WALLACE, JOSEPH D 15950 NORTH DALLAS PARKWAY, SUITE 400 DALLAS TX 75248</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS LOUIS, JILL B 15950 NORTH DALLAS PARKWAY, SUITE 400 DALLAS TX 75248</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BAILEY, JOHN 15950 NORTH DALLAS PARKWAY, SUITE 400 DALLAS TX 75248</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SAMON, KIMBERLY 15950 NORTH DALLAS PARKWAY, SUITE 400 DALLAS TX 75248</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO Jon Halpern 15305 Dallas Parkway, Suite 1400, LB-20 Addison, TX 75001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D Peter Harris 15305 Dallas Parkway, Suite 1400, LB-20 Addison, TX 75001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Joseph D. Wallace 15305 Dallas Parkway, Suite 1400, LB-20 Addison, TX 75001</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIT James Burnham 15305 Dallas Parkway, Suite 1400, LB-20 Addison, TX 75001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D Scott Rechter 15305 Dallas Parkway, Suite 1400, LB-20 Addison, TX 75001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ass. Sec. Mark McCarty 15305 Dallas Parkway, Suite 1400, LB-20 Addison, TX 75001</b> <input type="checkbox"/> Change <input checked="" 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 McCarty**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)