FILED

Secretary of State

01-21-2003 90151 021 ***150.00

Jan 21, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

F01000005263

1. Entity Name



D&B LEASING, INC. Principal Place of Business Mailing Address 20015630 C/O DAVE & BUSTER'S C/O DAVE & BUSTER'S 2481 MANANA 2481 MANANA DALLAS TX 75220 DALLAS TX 75220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-2955199 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be . After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE Delete CORRIVEAU, DAVID O NAME NAME 2481 MANANA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75220 CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition DAVIS, JOHN S NAME NAME STREET ADDRESS 2481 MANANA DRIVE STREET ADDRESS CITY-ST-ZIP DALLAS TX 75220 CITY-ST-ZIP **VPT** TITLE ☐ Delete TITLE Change ☐ Addition NAME HAMMETT, WILLIAM C JR NAME STREET ADDRESS STREET ADDRESS 5725 MARTIN ROAD #4268 CITY-ST-ZIP CITY-ST-ZIP PLANO TX 75024 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/02