

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90294 040 ***150.00

DOCUMENT # F02000001277

1. Entity Name
ARCAP SPECIAL SERVICING, INC.



Principal Place of Business
**5605 NORTH MACARTHUR BLVD., SUITE 950
IRVING TX 75038**

Mailing Address
**5605 NORTH MACARTHUR BLVD., SUITE 950
IRVING TX 75038**

11019522



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 **74-3026399**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **D** ☒ Delete
NAME **ADER, RICHARD**
STREET ADDRESS **1370 AVENUE OF THE AMERICAS, 29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ Change ☒ Addition
NAME **Peter Haley, Peter**
STREET ADDRESS **277 Park Ave, 3rd Floor**
CITY-ST-ZIP **New York, NY 10172**

TITLE **D** ☐ Delete
NAME **ADKINSON, J. DANIEL**
STREET ADDRESS **522 FIFTH AVENUE, 9TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **S** ☐ Change ☒ Addition
NAME **Smyth, Paul**
STREET ADDRESS **5605 N. MacArthur Blvd. Suite 950**
CITY-ST-ZIP **Irving, TX 75038**

TITLE **D** ☐ Delete
NAME **BOESKY, STUART**
STREET ADDRESS **625 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022-1801**

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

TITLE **ST** ☐ Delete
NAME **CAMPO, PAUL**
STREET ADDRESS **5605 NORTH MACARTHUR BLVD., SUITE 950**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **TREASURER only** ☒ Change ☐ Addition
NAME **Campo, Paul**
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **COTTON, LEONARD W**
STREET ADDRESS **37 LAMBERT ROAD**
CITY-ST-ZIP **NEW CANAAN CT 06840**

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

TITLE **PD** ☐ Delete
NAME **DUGGINS, JAMES L**
STREET ADDRESS **5605 NORTH MACARTHUR BLVD., SUITE 950**
CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **Paul R. Campo** **TREASURER PAUL R. CAMPO** 4/25/03 972-580-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)