

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90135 046 ***150.00

DOCUMENT # F93000001789

1. Entity Name

SUPPORT TERMINAL SERVICES, INC.

Principal Place of Business

Mailing Address

**2435 N CENTRAL EXP
 STE 700
 RICHARDSON TX 75080
 US**

**P O BOX 650283
 ATTN TAX DEPT.
 DALLAS TX 75265-283
 US**

1 4 1 3 3 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2459340**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	DOHERTY, EDWARD D	
STREET ADDRESS	2435 N CENTRAL EXPY #700	
CITY-ST-ZIP	RICHARDSON TX	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WADSWORTH, HOWARD C	
STREET ADDRESS	2435 N CENTRAL EXPY #700	
CITY-ST-ZIP	RICHARDSON TX	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, PHIL	
STREET ADDRESS	17304 PRESTON ROAD #1000	
CITY-ST-ZIP	DALLAS TX 77252	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, F.T.	
STREET ADDRESS	17304 PRESTON ROAD, SUITE 1000	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARCLAY, ALAN	
STREET ADDRESS	17304 PRESTON ROAD #1000	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

See List for Additional Officers & Directors

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:

Renata Fancher

Renata Fancher

2/14/01 972-699-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)