2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 'F9300005403' Aug 16, 2000 8:00 am Secretary of State 1. Entity Name CF DATA CORP. 08-16-2000 90008 034 ***550.00 Principal Place of Business Mailing Address 1330 RIVER BEND DRIVE SUITE 600 1330 RIVER BEND DRIVE SUITE 600 DALLAS TX 75247 DALLAS TX 75247 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 75-2508321 Not Applicable 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Change ☐ Addition Delete Kat Frey Bond Dr. #600 NAME HARWOOD, RUNNER W NAME STREET ADDRESS STREET ADDRESS 9441 LBJ FRWY #300 CITY-ST-ZIP Dallas TX 75247 CITY-ST-ZIP DALLAS TX Addition X Delete TITLE ☐ Change TITLE Wends Ogilvie Dr. + 600 LAWRENCE, WILLIAM T NAME NAME STREET ADDRESS 9441 LBJ FREEWAY STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75243 Change ☐ Addition EVP TITLE X Delete FREY, KAT NAME NAME STREET ADDRESS 9441 LBJ FRWY #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS,TX ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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