2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400000021 Feb 03, 2000 8:00 am 1. Entity Name Secretary of State CORONA CONSTRUCTION COMPANY, INC. 02-03-2000 90036 002 ***150.00 Principal Place of Business Mailing Address 3210 BELT LINE ROAD 3210 BELT LINE ROAD SUITE 140 SUITE 140 DALLAS TX 75234-2324 DALLAS TX 75234 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2509450 Not Applicable Country \$8.75 Additional Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRASSER, PAUL R Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PARKWAY STE 300 **TAMPA FL 33637** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE GREENWALD, MICHAEL R NAME NAME 3210 BELTLINE RD, #140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75234 ☐ Change ☐ Addition TITLE ☐ Delete RALPH, DOUGLAS A NAME NAME STREET ADDRESS STREET ADDRESS 3210 BELTLINE RD #140 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 TITLE □ Addition TITLE ☐-Change ☐ Delete ROCHE, CHRISTINE M NAME NAME STREET ADDRESS STREET ADDRESS 3210 BELT LINE ROAD CITY-ST-ZIP CITY-ST-ZIP DALLAS TE ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

(972) 280-0300

Daytime Phone #