

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000663**

1. Entity Name

USF PROCESSORS INC.

Principal Place of Business

**5339 ALPHA ROAD, SUITE 200
DALLAS TX 75240**

Mailing Address

**5339 ALPHA ROAD, SUITE 200
DALLAS TX 75240**

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 **75-2449803**

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.

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 checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, DOUGLAS E	
STREET ADDRESS	5339 ALPHA RD., #200	
CITY-ST-ZIP	DALLAS TX 75240	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, TOM	
STREET ADDRESS	5339 ALPHA RD SUITE 200	
CITY-ST-ZIP	DALLAS, TX 75240	

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SHEEHAN, KEVIN	
STREET ADDRESS	5339 ALPHA RD SUITE 200	
CITY-ST-ZIP	DALLAS TX	

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

TITLE	VPFT	<input type="checkbox"/> Delete
NAME	VENHAUS, DONNIE	
STREET ADDRESS	5339 ALPHA ROAD, SUITE 200	
CITY-ST-ZIP	DALLAS TX	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLIS, C.L.	
STREET ADDRESS	5339 ALPHA RD SUITE 200	
CITY-ST-ZIP	DALLAS TX	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	DOHSE, ROBERT	
STREET ADDRESS	5339 ALPHA RD SUITE 200	
CITY-ST-ZIP	DALLAS TX	

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCHALE, MATT	
STREET ADDRESS	5339 ALPHA RD SUITE 200	
CITY-ST-ZIP	DALLAS TX	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, RUSS	
STREET ADDRESS	5339 ALPHA RD SUITE 200	
CITY-ST-ZIP	DALLAS, TX 75240	

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: **DONNIE VENHAUS CFO 4.27.01 (972)980-7825**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90072 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)