

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90100 012 \*\*\*150.00

**DOCUMENT # F94000001926**

1. Entity Name  
**INSTITUTIONAL PROPERTY MANAGERS, INC.**



Principal Place of Business  
**NORTH PARK CENTER  
8750 NORTH CENTRAL EXPRESSWAY, SUITE 800  
DALLAS TX 75231-6437**

Mailing Address  
**NORTH PARK CENTER  
8750 NORTH CENTRAL EXPRESSWAY, SUITE 800  
DALLAS TX 75231-6437**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **75-2426734**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
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                      | CD                                       | <input type="checkbox"/> Delete            | TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SMITH, ANDREWS G                         |  | NAME  |                                 |  |
| STREET ADDRESS             | 8750 N. CENTRAL EXPRESS WAY STE 800      |  | STREET ADDRESS  |                                 |  |
| CITY-ST-ZIP                | DALLAS TX 75231                          |  | CITY-ST-ZIP   |                                 |  |
| TITLE                      | PD                                       | <input type="checkbox"/> Delete            | TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PLUMLEE, DANIEL L                        |  | NAME  |                                 |  |
| STREET ADDRESS             | 8750 N. CENTRAL EXPRESS WAY STE 800      |  | STREET ADDRESS  |                                 |  |
| CITY-ST-ZIP                | DALLAS TX 75231                          |  | CITY-ST-ZIP   |                                 |  |
| TITLE                      | EVTS                                     | <input type="checkbox"/> Delete            | TITLE   |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GERIG, MARK K                            |  | NAME  | MARK R. GERIGK                  |  |
| STREET ADDRESS             | 8750 N CENTRAL EXPRESSWAY STE 800        |  | STREET ADDRESS  |                                 |  |
| CITY-ST-ZIP                | DALLAS TX 75231                          |  | CITY-ST-ZIP   |                                 |  |
| TITLE                      | VP                                       | <input checked="" type="checkbox"/> Delete | TITLE   |                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | DIAZ, LORETTA                            |  | NAME  | VP & BROKER<br>PHILLIP E. PORTA |  |
| STREET ADDRESS             | 8750 N CENTRAL EXPRESSWAY STE 800        |  | STREET ADDRESS  | 8750 N. CENTRAL EXPWY. STE 800  |  |
| CITY-ST-ZIP                | DALLAS TX                                |  | CITY-ST-ZIP   | DALLAS, TX 75231-6437           |  |
| TITLE                      | EVP                                      | <input type="checkbox"/> Delete            | TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GERDES, JOHN L                           |  | NAME  |                                 |  |
| STREET ADDRESS             | 8750 N CENTRAL EXPRESSWAY STE 800        |  | STREET ADDRESS  |                                 |  |
| CITY-ST-ZIP                | DALLAS TX 75231                          |  | CITY-ST-ZIP   |                                 |  |
| TITLE                      | VPAS                                     | <input type="checkbox"/> Delete            | TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DALEY, EDWARD J                          |  | NAME  |                                 |  |
| STREET ADDRESS             | 8750 NORTH CENTRAL EXPRESSWAY, SUITE 800 |  | STREET ADDRESS  |                                 |  |
| CITY-ST-ZIP                | DALLAS TX 75231                          |  | 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: **DANIEL L PLUMLEE** 1-14-03 (214) 989-0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)