

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90008 031 ***550.00

0138674 AB

DOCUMENT # F94000004228

1. Entity Name

MERLIN EXPRESS, INC.

Principal Place of Business

P.O. BOX 790490

SAN ANTONIO TX 78279-0490

Mailing Address

P.O. BOX 790490

SAN ANTONIO TX 78279-0490

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

74-2284689

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS ST., STE. 105

TALLAHASSEE FL 32301

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☒ Delete
NAME **ALBERT, CARL**
STREET ADDRESS **10823 NE ENTRANCE**
CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SCHAWA, SCOTT A**
STREET ADDRESS **10823 NE ENTRANCE**
CITY-ST-ZIP **SAN ANTONIO TX**

TITLE **T** ☒ Change ☐ Addition
NAME **Mary F. Kalinec**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **ROBERTS, KYLE**
STREET ADDRESS **10823 NE ENTRANCE**
CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE **P** ☒ Change ☐ Addition
NAME **Rudi Lenz**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **KISSLING, BRUCE**
STREET ADDRESS **10823 NE ENTRANCE**
CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE **VP** ☒ Change ☐ Addition
NAME **Steve Leland**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Chris Lowe**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **James E. Walsh**
STREET ADDRESS
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Mary Kalinec**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 **210-824-9421x7563**
Date Daytime Phone #

CR2E034 (5/01)