

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006308

1. Entity Name

BAKER SUPPORT SERVICES, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90033 020 ***558.75

Principal Place of Business

4801 SPRING VALLEY RD.
 SUITE 125
 DALLAS TX 75244

Mailing Address

4801 SPRING VALLEY RD.
 SUITE 125
 DALLAS TX 75244-3968

2. Principal Place of Business

SUITE 125B

3. Mailing Address

SUITE 125B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 125B

SUITE 125B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1909326

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 S. PINE ISLAND RD.
 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, 2000 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** ☒ Delete
 NAME **HOMAN, CHARLES I.**
 STREET ADDRESS **420 ROUSE RD, AIRPORT OFF PRK, BLDG 3**
 CITY-ST-ZIP **CORAPOLIS PA**

TITLE **DIRECTOR** ☒ Change ☒ Addition
 NAME **S. ROBERT FOLEY, JR**
 STREET ADDRESS **58 KATELYN HILLS DR.**
 CITY-ST-ZIP **FALMOUTH, MASS 02540**

TITLE **VPCF** ☒ Delete
 NAME **WHITE, ROBERT J.**
 STREET ADDRESS **420 ROUSER RD, AIRPORT OFFICE PRK, BLDG 3**
 CITY-ST-ZIP **COAPOLIS PA**

TITLE **DIRECTOR** ☒ Change ☒ Addition
 NAME **H-LAWRENCE GARRETT, III**
 STREET ADDRESS **925 SHENANDOAH RIVER LAKE**
 CITY-ST-ZIP **BOYCE, VA 22620-9613**

TITLE **VP** ☒ Delete
 NAME **WILEY, EDWARD L.**
 STREET ADDRESS **3601 EISENHOWER AVE, SUITE 600**
 CITY-ST-ZIP **ALEXANDRIA VA**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **EDWARD MCCANN**
 STREET ADDRESS **293 BOSTON POST RD.**
 CITY-ST-ZIP **WESTON, MA 02493**

TITLE **VP & CONTROLLER** ☐ Delete
 NAME **BILLIONS, GARY L.**
 STREET ADDRESS **4801 SPRING VALLEY RD. SUITE 125B**
 CITY-ST-ZIP **DALLAS TX**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **ROBERT W. UNGER**
 STREET ADDRESS **4801 SPRING VALLEY RD, STE 125B**
 CITY-ST-ZIP **DALLAS, TX 75244**

TITLE **P** ☒ Delete
 NAME **MCDONALD, DANIEL**
 STREET ADDRESS **4801 SPRING VALLEY RD. SUITE 125B**
 CITY-ST-ZIP **DALLAS TX**

TITLE **VP - SECRETARY** ☐ Change ☒ Addition
 NAME **GLEN V. MURPHY**
 STREET ADDRESS **4801 SPRING VALLEY RD, STE 125B**
 CITY-ST-ZIP **DALLAS, TX 75244**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Glen V. Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)