2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # F95000003865 1. Entity Name GAEDEKE LANDERS MANAGEMENT, INC. 04-13-2000 90085 001 ***158.75 Principal Place of Business Mailing Address 3710 RAWLINS STREET., STE 1000, LB #24 3710 RAWLINS STREET., STE 1000, LB #24 DALLAS TX 75219 DALLAS TX 75219-4239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 75-2633627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DCPT TITLE ☐ Delete TITLE Change Addition DCT NAME GAEDEKE, WERNER NAME STREET ADDRESS STREET ADDRESS **WENDENSTRASSE 29** CITY-ST-ZIP CITY-ST-ZIP 20097 HAMBURG, GERMANY ٧S ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STENER, SABINE NAME STREET ADDRESS 4405 WESTWAY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX ☐ Delete TITLE ☐ Change Addition TITLE President NAME NAME D.W. Landers STREET ADDRESS STREET ADDRESS 3710 Rawlins St., Ste 1000 CITY-ST-ZIF CITY-ST-ZIP Dallas, TX 75219 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

214/528-8883

SIGNATURE:

Davie Phone 4