## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F95000004266**

CAPSTEAD INC.

Principal Place of Business

% LAURA DOOLITTLE. CAPSTEAD MORTGAGE CORP. 1 LINCOLN PARK, \$-800, 8401 N CENTRAL EXWY DALLAS TX 75225-4410

Mailing Address

% LAURA DOOLITTLE. CAPSTEAD MORTGAGE CORP. 1 LINCOLN PARK. S-800, 8401 N CENTRAL EXWY DALLAS TX 75225

**FILED** May 04, 2000 8:00 am Secretary of State

05-04-2000 90183 045 \*\*\*150.00

1 2 4 4 4 4



2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITI	E IN THI	S SPACE		
City & State			City & State			<b>4.</b> F	El Number <b>75-2513625</b>			pplied For	
Zip		Country	Zip	Country		5. (	Certificate of Status Desired		\$8.75 Ad		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
U. Hame and Address of Cartest Hogisteria Agent						Name					
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301					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.											
en the approximation of the particle of the pa											
CIONATUDE											
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 filling requirement and elects to do so. (See criteria on back)  X			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Ste				10. Election Campaign Fina Trust Fund Contribution	-		00 May Be d to Fees	
11. OFFICERS AND DIRECTORS 12.						AD	I DITIONS/CHANGES TO OFFI	CERS AI	ND DIRECTOR	RS IN 11	
TITLE	CEOD								Change	Addition	
NAME			NAME			•					
STREET ADDRESS	<b>1</b>				ADDRESS						
CITY-ST-ZIP	27 TT TO TELE ATE., OTE. 1000			CITY-S	r-ZIP						
TITLE	PD	A 1020T	□ Delete	TITLE	-				☐ Change	Addition	
NAME				NAME					Onlings		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	DALLAS T		,	CITY-S	- 1						
	D	A 10204		TITLE					☐ Change	Addition	
TITLE NAME	PLAGA, E	DICH H	☐ Delete	, NAME					☐ Orlange	LT Addition	
STREET ADDRESS		iaskell ave., ste. 1000	·		ADDRESS	•	•		-	{	
CITY-ST-ZIP	DALLAS T		,	CITY-S							
TITLE	DS DALLAS	A 1060T	☐ Delete	TITLE	<del>-   · ·</del>				☐ Change	Addition	
NAME	JACOBS,	ANDREW	L Delete	NAME					onengo		
STREET ADDRESS		IASKELL AVE., STE. 1000	1		ADDRESS						
CITY-ST-ZIP	DALLAS T		,	CITY-S	1						
-	DALLAGI	N 10204	☐ Delete	TITLE					☐ Change	Addition	
TITLE NAME			☐ Detete	NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S							
			☐ Delete	TITLE	<del>-   -</del>				☐ Change	☐ Addition	
TITLE NAME			T Delete	NAME					0.090		
STREET ADDRESS					ADDRESS					}	
CITY-ST-ZIP				CITY-S							

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:

Andrew E. Jacobs SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

214-874-2355