

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90063 034 \*\*\*150.00

**DOCUMENT # F95000006037**

1. Entity Name

**IHC/CG PORTFOLIO CORPORATION**

Principal Place of Business

**1950 STEMMONS FRWY  
STE 6001  
DALLAS TX 75207**

Mailing Address

**1950 STEMMONS FRWY  
STE 6001  
DALLAS TX 75207**

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 **25-1772862**

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 32301-2525**

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.

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>KLEISNER, FREDERICK J</b>	
STREET ADDRESS	<b>1950 STEMMONS FRWY STE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	<b>MAHONEY, RICHARD L</b>	
STREET ADDRESS	<b>1950 STEMMONS FRWY STE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	<b>MORELAND, CARLA S</b>	
STREET ADDRESS	<b>1950 STEMMONS FRWY STE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	<b>HOUSTON, BOVERLY M</b>	
STREET ADDRESS	<b>1950 STEMMONS FRWY STE 6001</b>	
CITY-ST-ZIP	<b>DALLAS TX 75207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>COO + Exec VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ted Tamm</b>	
STREET ADDRESS	<b>1950 Stemmons Frwy #6001</b>	
CITY-ST-ZIP	<b>Dallas Tx 75207</b>	
TITLE	<b>CEO + Exec VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rich Smith</b>	
STREET ADDRESS	<b>1950 Stemmons Frwy #6001</b>	
CITY-ST-ZIP	<b>Dallas Tx 75207</b>	
TITLE	<b>SR VP &amp; Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Judy Hendrick</b>	
STREET ADDRESS	<b>1950 Stemmons Frwy #6001</b>	
CITY-ST-ZIP	<b>Dallas Tx 75207</b>	
TITLE	<b>SR VP &amp; Asst Sec</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Bohlmann</b>	
STREET ADDRESS	<b>1950 Stemmons Frwy #6001</b>	
CITY-ST-ZIP	<b>Dallas Tx 75207</b>	
TITLE	<b>SR VP &amp; Asst Sec</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Morse</b>	
STREET ADDRESS	<b>1950 Stemmons Frwy #6001</b>	
CITY-ST-ZIP	<b>Dallas Tx 75207</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01**

Date

**214 8631000**

Daytime Phone #

CR2E034 (10/00)