

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002491

1. Entity Name

LIQUIDATION COLLECTIONS, INC.

Principal Place of Business

PO BOX 660237  
DALLAS TX 75266-0237

Mailing Address

PO BOX 660237  
DALLAS TX 75266-0237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, 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

TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	STEPHEN, NICHOLS R	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<del>GLONE, THOMAS R</del>	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	SLETTEN, MICHAEL W	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HUGHES, JOHN F	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	GREENE, PATRICK J	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX	
TITLE	<del>V</del>	<input type="checkbox"/> Delete
NAME	LISKOW, FREDERIC C	
STREET ADDRESS	250 CARPENTER FWY	
CITY-ST-ZIP	IRVING TX 75062	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW L. HOLLINGSWORTH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK C. GRAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. GREENE  
ASST VICE PRESIDENT  
ASST SECRETARY

3/1/00

Date

(972) 652-6277

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90051 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3273165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**