## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # F96000002967 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name PACIFIC AMERICAN ADVISORS COMPANY 04-20-2000 90078 025 \*\*\*150.00 Principal Place of Business Mailing Address 13810 CHAMPION FOREST DRIVE. SUITE 150 13810 CHAMPION FOREST DRIVE, SUITE 150 HOUSTON TX 77069-1881 HOUSTON TX 77069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 76-0386837 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete HENDRICKS, DAVID B NAME STREET ADDRESS 13810 CHAMPION FOREST DRIVE, SUITE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77069** TITLE Change ☐ Addition TITLE □ Delete NAME BRIGGS, BARBARA NAME STREET ADDRESS 13810 CHAMPION FOREST DRIVE, SUITE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-709 **HOUSTON TX 77069** - - Change ☐ Addition TITLE ☐ Delete PORTER, CATHRYN NAME STREET ADDRESS STREET ADDRESS 3200 S.W. FREEWAY, SUITE 1220 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** Change Addition □ Delete TITLE BRADLEY, BILL C NAME STREET ADDRESS 5999 SUMMERSIDE DRIVE, SUITE 112 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75252 ☐ Addition ☐ Change TITLE CFO ☐ Delete TITLE QUINN JR. JACK NAME NAME 13810 CHAMPION FOREST DRIVE, #150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 this tee 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 giver like empowered.