2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F9600003610** Feb 24, 2000 8:00 am **Secretary of State** GTE ENTERPRISE INITIATIVES INCORPORATED 02-24-2000 90011 033 ***150.00 Principal Place of Business Mailing Address XOOR X-HONDEN/KINDSEC X-ROSE OF SHIKKY 600 HIDDEN RIDGE IRVING TX 75038 IRVING TX 75038 2. Principal Place of Business 3. Mailing Address 1255 Corporate Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SVC04A43 Applied For City & State City & State 4. FEI Number 58-1768607 Irving, TX Not Applicable Zip 75038 Country Zip \$8.75 Additional 5. Certificate of Status Desired US 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) 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12 P/D Change Addition ☐ Delete TITLE TITLE WHITMAN, LAWRENCE R NAME NAME Marilyn H. O'Connell 600 Hidden Ridge STREET ADDRESS STREET ADDRESS **600 HIDDEN RIDGE** CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75038 Irving, TX 75038 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DROST, MARIANNE NAME STREET ADDRESS STREET ADDRESS 1255 CORPORATE DR. CITY-ST-ZIP CITY-ST-ZIP **IRVING TX 75038** ☐ Delete TITLE Change ☐ Addition TIT) F NAME CHRISTIAN, ROSALYNN NAME STREET ADDRESS 1255 CORPORATE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVING TX ☐ Change ☐ Addition ☐ Delete TITLE TITLE KISSELL, JEFFREY C NAME STREET ADDRESS STREET ADDRESS **600 HIDDEN RIDGE** CITY-ST-ZIP CITY-ST-ZIP IRVING TX ☐ Addition ☐ Delete Change TITLE TITLE WHITMAN, LAWRENCE R NAME NAME STREET ADDRESS **600 HIDDEN RIDGE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVING TX ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

972/507-5275

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2/9/00