2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9600003881 Mar 29, 2000 8:00 am **Secretary of State** CAVANAUGH CHARTERS, INC. 03-29-2000 90091 001 ***900.00 Principal Place of Business Mailing Address 16885 DALLAS PARKWAY 16885 DALLAS PARKWAY ADDISON TX 75001 ADDISON TX 75001-5215 US 2. Principal Place of Business 3. Mailing Address 16885 Dallas Parkway 16885 Dallas Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 75-2650805 Addison, Texas Addison, Texas Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 75001 U.S. 75001 U.S. 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) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12 DCP ☐ Delete TITLE Vice President and Director Change TITLE NAME CAVANAUGH, JIM NAME James Meeker STREET ADDRESS STREET ADDRESS 16885 DALLAS PARKWAY 16885 Dallas Parkway CITY-ST-ZIP CITY-ST-7/P ADDISON TX 75001 Addison, Texas 75001 ☐ Addition X Change TITLE TITLE Delete Director NAME CRAWFORD, JERRY Jerry Crawford NAME STREET ADDRESS STREET ADDRESS 16885 DALLAS PARKWAY 16885 Dallas Parkway CITY-ST-7IP CITY-ST-ZIP ADDISON TX 75001 Addison, Texas 75001 ☐ Addition Change DS X Delete TITLE TITLE NAME NAME HUNTER, KAREN STREET ADDRESS STREET ADDRESS 16885 DALLAS PARKWAY CITY-ST-ZIP CITY-ST-ZIF ADDISON TX 75001 ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(iii) in Section 119.07(i changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-00

972-991-0900

Daytime Phone #