

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #F96000005170

1. Entity Name

IHC/MIAMI BEACH CORPORATION

PR  
RE**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90003 041 \*\*\*150.00

**80101528**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
680 Andersen Dr.	1950 Stemmons Freeway
Foster Plaza X	Suite 6001
Pittsburgh, PA 15220	Dallas, TX 75207

2. Principal Place of Business  
1950 Stemmons Freeway3. Mailing Address  
SameSuite, Apt. #, etc.  
Suite 6001

Suite, Apt. #, etc.

City & State  
Dallas, TX

City &amp; State

Zip  
75207Country  
USA

Zip

Country

4. FEI Number  
25-1799571Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Alibahi, Karim	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	Director, VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mahoney, Richard L.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Jones, Lawrence S.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	Director, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond, Anne L.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	S	<input type="checkbox"/> Delete
NAME	Moreland, Carla S.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moreland, Carla S.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Lattin, Thomas A.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carreker, James D.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleisner, Frederick J.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koonce, Stanley M., Jr.	
STREET ADDRESS	1950 Stemmons Freeway, Suite 6001	
CITY-ST-ZIP	Dallas, TX 75207	

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

Date

Daytime Phone #

5-5-00

CFR2E034 (9/99)