

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90132 037 \*\*\*158.75

**DOCUMENT #**

F96000006251

**1. Entity Name**

THOUSAND TRAILS, INC.

**Principal Place of Business**2711 LBJ Freeway, Suite 200  
Dallas, TX 75234**Mailing Address**2711 LBJ Freeway, Suite 200  
Dallas, TX 75234**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****4. FEI Number**

Applied For

Not Applicable

**Zip****Country****Zip****Country****5. Certificate of Status Desired****\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

A0047064

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**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 renewing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)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**

|                                                                            |                                                                                                        |                                            |                                                                            |  |                                                                   |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|--|-------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | President & CEO<br>William J. Shaw<br>2711 LBJ Freeway, Suite 200<br>Dallas, TX 75234                  | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | Vice President & Secy.<br>Walter B. Jaccard<br>2711 LBJ Freeway, Suite 200<br>Dallas, TX 75234         | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | Vice President & Asst. Secy.<br>Kenneth E. Hendrycy<br>2711 LBJ Freeway, Suite 200<br>Dallas, TX 75234 | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | Director<br>Andrew M. Boas<br>135 E. 57th Street, 27th Fl.<br>New York, NY 10022                       | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | Director<br>William R. Kovacs<br>15750 Alsace Court<br>Winfield, IL 60190                              | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                                        | <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**

Walter B. Jaccard

Walter B. Jaccard, VP

3-6-01 (972) 243-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FAY4 (1/00)