

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006590

1. Entity Name

CASA MARINA REALTY CORPORATION

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

06-09-2000 90013 021 ***150.00

Principal Place of Business FOSTER PLAZA X 680 ANDERSEN DR. PITTSBURGH PA 15220	Mailing Address 1950 STEMMONS PKWY #6001 DALLAS TX 75207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1950 Stemmons Frwy Suite, Apt. #, etc. Suite 6001 City & State Dallas Tx Zip 75207 Country USA	3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same
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4. FEI Number 23-2869424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALIBHAI, KARIM 1950 STEMMONS FRWY- #6001 DALLAS TX 75207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frederick J. Kleishner 1950 Stemmons Frwy St 6001 Dallas, TX 75207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, LAWRENCE S 1950 STEMMONS FRWY- #6001 DALLAS TX 75207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Richard L. Mahoney Same as above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORELAND, CARLA S 1950 STEMMONS FRWY- #6001 DALLAS TX 75207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Beverly M. Houston Same as above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATTIN, THOMAS A 1950 STEMMONS FRWY- #6001 DALLAS TX 75207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FROMAN, ROBERT L FOSTER PLAZA X, 680 ANDERSEN DR. PITTSBURGH PA 15220 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HUDAK, TIMOTHY O FOSTER PLAZA X, 680 ANDERSEN DR. PITTSBURGH PA 15220 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Signature Required 6/1/00 214 863 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)