

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90041 032 \*\*\*150.00

**DOCUMENT # F97000000724**

1. Entity Name

**TRANSMISSION HOLDINGS, INC.**

Principal Place of Business

Mailing Address

1111 W. MOCKINGBIRD, STE. 1000  
DALLAS TX 75247

1111 W. MOCKINGBIRD, STE. 1000  
DALLAS TX 75247-5010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2700188**

Applied For  
Not Applicable

5. 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

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

**DPT**  
**WATSON, THOMAS**  
**1111 W. MOCKINGBIRD LANE SUITE 1000**  
**DALLAS TX 75247**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

**DS**  
**GOLDBERG, HENRY**  
**1111 W MOCKINGBIRD LN STE 1000**  
**DALLAS TX 75247**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

**DS**  
**BERMAN, RUSSELL S**  
**1111 W MOCKINGBIRD LN STE 1000**  
**DALLAS TX 75247**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

**President, CEO, Director**  
**Michael E. Katzenstein**  
**No Address Change**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

**Vice President, Assistant Secretary**  
**Scott V. Williams**  
**No Address Change**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

**Director**  
**R. Douglas Leonhard**  
**No Address Change**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐

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, 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

**SCOTT V. WILLIAMS V.P./GENERAL COUNSEL**

2/1/00

214/634-3800

Daytime Phone #