~2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	me :	HOLDINGS, INC.	J0724					Se	creta -30-2001 9	ry of	f Sta	
Principal Place of Business 1111 W. MOCKINGBIRD, STE. 1000 DALLAS TX 75247		Mailing Address 1111 W. MOCKINGBIRD, STE. 1000 DALLAS TX 75247										
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. F	El Number 7	5-2700188	3		pplied For ot Applicable
Zìp	Zip Country		Zip	ntry	5. Certificate of Status Desired See Requir				ditional			
	6. Nam	e and Address of Current Re	egistered Agent				7. Na	ame and Addre	ess of New R			
— <u></u>					Name	، - سوعت						•
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD.					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 508 MIAMI FL 33156-0000												
	ļ				City					FL	Zip Cod	de
Tax filing	oration is elig	d or printed name of registered agent and gible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 200 Make Check Payab	!! FEE D1 Fee	will be \$5	00 50.00		10. Election (Campaign Fin d Contribution			00 May Be
11.		OFFICERS AND DI	RECTORS	12.	<u> </u>		ADD	OITIONS/CHAN	IGES TO OFFI	CERS AND I	DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TEIN, MICHAEL E MOCKINGBIRD LANE SUIT IX 75247	□ Delete			1111	W.	Dube Mocking Texas	bird La 75247		Change	X Addition ⊙r
TITLE	VPAS		☐ Detete	TITLE				an Resou	rces		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	i, scott v Mockingbird LN STE 10 TX 75247	00	et address -St-Zip	1111	Lynn Zera 1111 W. Mockingbird Lane, 10th Floor Dallas, Texas 75247						
TITLE	D		☐ Delete	TITLE				ineering			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		RD, DOUGLAS R MOCKINGBIRD LN STE 100 TX 75247			E _ ~. Et address -st-zip	1111	W.	irtin. Mockingl Texas	oird Lar	ne, 10t	h Floc	or
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					7	7		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		(1	Change	☐ Addition
13. I hereby of indicated of the cor changed,	certify that the on this repor poration or the or on an atta	e information supplied with thirt or supplemental report is true receiver or trustee empower achment with an address with	s filing does not qualify for the and accurate and that me pered to execute this report a n all other like empowered.	the exer y signat as requir	nption state ure shall ha ed by Cha	ed in Secti ave the sa pter 607, F	ion 11 me leg Florida	9.07(3)(i), Flori gal effect as if r a Statutes; and	da Statutes. I made under o that my name	further certifi ath; that I am appears in I	/ that the ir an officer Block 11 or	nformation or director r Block 12 if

SIGNATURE:

Scott V. Williams / URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214/634-3800

Daytime Phone #