2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 21, 2000 8:00 am Secretary of State DOCUMENT # F9700002238 1. Entity Name WESTERRA FLORIDA REALTY CORPORATION 07-21-2000 90150 009 ***550.00 Principal Place of Business Mailing Address 3030 LBJ FREEWAY LB#6 3030 LBJ FREEWAY LB#6 STE 1500 STE 1500 DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 75-2694533 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition EVD TITLE ☐ Delete TITLE NESBIT, J. SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 1177 SHERWOOD RD CITY-ST-ZIP CITY-ST-ZIP SAN MARINO CA 91108 Change ☐ Addition ☐ Delete TITLE TITLE FRAME, DAVID L NAME NAME STREET ADDRESS 330 CHICKERING LAKE CT. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ROSWELL GA 30075** ☐ Chance ☐ Addition TITLE ☐ Delete TITLE RASKIN, SCOTT H. NAME NAME STREET ADDRESS 6465 NORWAY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75230 [] Change ☐ Addition TITLE TITLE CORSON, LAWRENCE A NAME NAME STREET ADDRESS STREET ADDRESS 930 GREENBRIAR LANE CITY-ST-ZIP CITY-ST-ZIP **DUNCANVILLE TX 75137** AVP ☐ Delete TITLE Change ☐ Addition TITLE CHOSNEK, IVAN NAME STREET ADDRESS 118 TIM MARA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 TCFO ☐ Delete ☐ Change Addition TITLE TITLE NAME SCROGGINS, MARCUS L. STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

122 CROSS TIMBERS TRAIL

COPPELL TX 75019

STREET ADDRESS

SCOPHER ANDRY REPRESENTATION OF DIRECTOR

7/11/00

972-443-6000

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