

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90063 028 ***150.00

DOCUMENT # F97000003404

1. Entity Name

WEST HUDSON, INC.

Principal Place of Business

Mailing Address

**5420 LBJ FREEWAY
 SUITE 1355
 DALLAS TX 60085
 US**

**1430 WAUKEGAN RD.
 MCGAW PARK IL 60085-6726**

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 **75-2681942**

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

**C T 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 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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **PD** ☐ Delete
 NAME **FRANK, WM DOUGLAS**
 STREET ADDRESS **5420 LBJ FREEWAY STE 1355**
 CITY-ST-ZIP **DALLAS TX 75240**

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

TITLE **CEO** ☐ Delete
 NAME **KNIGHT, LESTER B**
 STREET ADDRESS **1430 WAUKEGAN RD.**
 CITY-ST-ZIP **MCGAW PARK IL 60085**

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

TITLE **COO** ☐ Delete
 NAME **DAMICO, JOSEPH F.**
 STREET ADDRESS **1430 WAUKEGAN RD.**
 CITY-ST-ZIP **MCGAW PARK IL 60085**

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

TITLE **VCFO** ☐ Delete
 NAME **MCKEE, PETER B**
 STREET ADDRESS **1430 WAUKEGAN RD.**
 CITY-ST-ZIP **MCGAW PARK IL 60085**

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

TITLE **SVC** ☐ Delete
 NAME **WHITE, KATHY B**
 STREET ADDRESS **1430 WAUKEGAN RD.**
 CITY-ST-ZIP **MCGAW PARK IL 60085**

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

TITLE **SVGS** ☐ Delete
 NAME **FEATHER, WILLIAM L**
 STREET ADDRESS **1430 WAUKEGAN RD.**
 CITY-ST-ZIP **MCGAW PARK IL 60085**

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

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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William L. Feather
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #