

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90362 012 \*\*\*150.00

**DOCUMENT # F97000003677**

1. Entity Name  
**OLY MANAGERS, INC.**

Principal Place of Business <b>200 CRESCENT CT., STE. 1650          DALLAS TX 75201</b>	Mailing Address <b>200 CRESCENT CT., STE. 1650          DALLAS TX 75201</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>300 Crescent Court</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State	3. Mailing Address <b>300 Crescent Court</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State
--	--

4. FEI Number **75-2585481** Applied For  
 Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>CEOP DENIGER, DAVID B 200 CRESCENT CT., STE. 1650 DALLAS TX 75201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS SMITH, TIMOTHY B 200 CRESCENT CT., STE. 1650 DALLAS TX 75201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LANIER, DAN 200 CRESCENT CT #1650 DALLAS TX 75201</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Crescent Court, Suite 500</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/S 300 Crescent Court, Suite 500</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V/A Hal R. Hall 300 Crescent Court, Suite 500 DALLAS, TX 75201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V John R. Muse 200 Crescent Court, Suite 1650 DALLAS, TX 75201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V Jeffrey G. Mundy 300 Crescent Court, Suite 500 DALLAS, TX 75201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attached Schedule A for Additional Officer Information</b>

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: Timothy B. Smith **Timothy B. Smith** 1/11/2001 214-720-7813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
Doc #

Schedule A  
Additional Officer Information

Addition

Title: V/A

Name: Ron J. Hoyl

Street Address: 300 Crescent Court, Suite 500

City-ST-Zip: Dallas, Texas 75201

F9700009677

7080166

725987

Addition

Title: V

Name: Robert S. Riggs

Street Address: 300 Crescent Court, Suite 500

City-ST-Zip: Dallas, Texas 75201