2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # F9700004019 1. Entity Name IHC/SANTA MARIA CORPORATION 05-02-2001 90063 026 ***150.00 Principal Place of Business Mailing Address 1950 STEMMONS FREEWAY 1950 STEMMONS FREEWAY STE 6001 STE 6001 DALLAS TX 75207 DALLAS TX 75207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-2913816 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEO & President TITLE TITLE Delete RICHARDSON, J. WILLIAM NAME NAME Stemmons Fray STREET ADDRESS 680 ANDERSÈN DR., FOSTER PLAZA TEN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PÅ 15220 O. K Exec V.P. TITLE Hudak, Timothy Q NAME Stemmons Fray NAME 680 ANDERSEN DR., FOSTER PLAZA TEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PITTSBURGH PA 15220 Addition ☐ Delete TITLE TITLE NAME NAME mons truy STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-4 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME mmons Frus STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE NAME NAME ろるんへ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE *ዙss)* NAME NAME emmons From John STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

EXPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR