

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P97000004371~~

1. Entity Name

F97000004371

IHC/JACKSONVILLE CORPORATION

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FILED

Jun 09, 2000 8:00 am  
Secretary of State

06-09-2000 90003 003 \*\*\*150.00

80101527

DO NOT WRITE IN THIS SPACE

Principal Place of Business Foster Plaza X 680 Andersen Dr. Pittsburgh, PA 15220	Mailing Address 1950 Stemmons Freeway Suite 6001 Dallas, TX 75207
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2. Principal Place of Business 1950 Stemmons Freeway	3. Mailing Address Same
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Suite, Apt. #, etc. Suite 6001	Suite, Apt. #, etc.
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City & State Dallas, TX	City & State
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Zip 75207	Country USA	Zip	Country
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4. FEI Number 23-2917361	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Moreland, Carla S. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Alibhai, Karim 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jones, Lawrence S. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lattin, Thomas A. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, VP Moreland, Carla S. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, T Mahoney, Richard L. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Raymond, Anne L. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Carrecker, James D. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kleisner, Frederick J. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Koonce, Stanley M., Jr. 1950 Stemmons Freeway, Suite 6001 Dallas, TX 75207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: 	5-5-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (9/99)