2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State	DOCUMENT # F9700004371  1. Entity Name IHC/JACKSONVILLE CORPORATION										ED AM (					
Suite, Apt. #, etc.    California State   California State   City & State   Applied   Applied   Applied   Not Applied   Research	1950 STEMMON FREEWAY SUITE 6001 SUITE 6001												<u></u>			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City City City City City City City City																
Zip Country Zip Country 5, Certificate of Status Desired St. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 7, Name and Address of New Registered Agent 8, Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 1, 32301-2525  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 Fiorida. I am familiar with, and as the obligations of registered agent agent and that acceptable 1. The Address (P.O. Box Number is Not Acceptable)  FLE NOW!!! FEE IS 3150,00  After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State 10. CIDIS Registered Agent Registered agent on the state of Fiorida. I am familiar with, and as the obligations of registered agent agent and that acceptable 1. The Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$150,00  After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State 10. CIDIS Registered Agent Registered agent, or both, in the State of Fiorida. I am familiar with, and as the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and as the obligations of registered agent agent and that acceptable 1. The Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$150,00  After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State 10. CIDIS Registered Agent Registered																
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Fiorida. I am familiar with, and active obligations of registered agent, and the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS 1550.00  After May 1, 2003 Fee will BS 555.0.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME VIEW FROM THE STREET ADDRESS 100 STEMMONS FRWY ST 8001  TITLE STREET ADDRESS 100 STEMMONS FRWY ST 8001  DallaS TX 75207  TITLE SWAS  BOHLMAN, JOHN  SIREET ADDRESS 1050 STEMMONS FRWY ST 8001  DALLAS TX 75207  TITLE SWAS  BOHLMAN, JOHN  SIREET ADDRESS 1050 STEMMONS FRWY ST 8001  DALLAS TX 75207  TITLE SWAS  BOHLMAN, JOHN  SIREET ADDRESS 1050 STEMMONS FRWY ST 8001  DALLAS TX 75207  TITLE SWAS  BOHLMAN, JOHN  SIREET ADDRESS 1050 STEMMONS FRWY ST 8001  DALLAS TX 75207  TITLE SWAS  BOHLMAN, JOHN  SIREET ADDRESS 1050 STEMMONS FRWY ST 8001  DALLAS TX 75207  TITLE SWAS  BOHLMAN, JOHN  SIREET ADDRESS 1050 STEMMONS FRWY ST 8001  DALLAS TX 75207  DALLA	,	ite .					4. FE	I Number	23-2917	361						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City FL Zip Code  8. The above named entity submist his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acretic he obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME KLEISNER, FREDERICK J SIRRET AUGRESS  INTER TALLORESS  IN	Zip						Country							ee Req	Addition: uired	al
1201 HAYS STREET   Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Name		7. Na	me and Ad	dress of N	New Re	gistered A	gent					
TALLAHASSEE FL 32301-2525  City FL Zip Code  8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  KLEISNER, FREDERICK J  STREET ADDRESS  1950 STEMMONS FRWY ST 6001  DALLAS TX 75207  TILE  COOV  Delete  ITILE  COOV  Delete  MAKE  STREET ADDRESS			Street Address (P.O. Box Number is Not Acceptable)													
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TITLE	Afte	r May 1, 200	3 Fee will be \$550.00			ļ			-	~ —						
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12. 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 direct of the corporation or the receiver of these expectate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address. Vitin all other like empowered.	12. I hereby of indicated of the corp changed,	ation ector : 11 if														

**SIGNATURE:** 

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214-963-1285 Daytime Phone #