FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90191 048 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006027

1. Entity Name

USRP MANAGING, INC.

DO NOT WRITE IN THIS SPACE

90138453

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12240 INWOOD ROAD	12240 INWOOD ROAD
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State DALLAS, TX	City & State DALLAS, TX
Zip 75244 Country USA	Zip 75244 Country USA

4. FEI Number 75-2733024 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City TALLAHASSEE FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ROBERT J. STETSON
STREET ADDRESS	12240 INWOOD ROAD, SUITE 300
CITY-ST-ZIP	DALLAS, TX 75244
TITLE	VICE PRESIDENT
NAME	GREGORY I. STRONG
STREET ADDRESS	12240 INWOOD ROAD, SUITE 300
CITY-ST-ZIP	DALLAS, TX 75244
TITLE	VICE PRESIDENT
NAME	STACY M. RIFFE
STREET ADDRESS	12240 INWOOD ROAD, SUITE 300
CITY-ST-ZIP	DALLAS, TX 75244
TITLE	VICE PRESIDENT
NAME	HARRY O. DAVIS
STREET ADDRESS	12240 INWOOD ROAD, SUITE 300
CITY-ST-ZIP	DALLAS, TX 75244
TITLE	SECRETARY
NAME	VALERIE S. SIVERLING
STREET ADDRESS	12240 INWOOD ROAD, SUITE 300
CITY-ST-ZIP	DALLAS, TX 75244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

DO NOT WRITE IN THIS SPACE

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

CR2E034B (12/02)

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie S. Siverling Valerie S. Siverling 5/30/03 972-387-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #