

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90041 043 \*\*\*150.00

0604566

**DOCUMENT # F98000000042**

1. Entity Name  
**TANSECO SYSTEMS, INC.**

Principal Place of Business  
**300 W. 3RD ST., SUITE 1000**  
**FORT WORTH TX 76102**

Mailing Address  
**300 W. 3RD ST., SUITE 1000**  
**FORT WORTH TX 76102**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 1643**  
 Suite, Apt. #, etc.

City & State  
**Ft. Worth, TX**

Zip  
**76101-1643**

Country  
**USA**

4. FEI Number **75-2737199**

Applied For  
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DWAIN H		NAME	David Johnson	
STREET ADDRESS	100 THROCKMORTON ST., STE. 1900		STREET ADDRESS	100 Throckmorton St., Ste. 1600	
CITY-ST-ZIP	FORT WORTH TX 76102		CITY-ST-ZIP	Fort Worth, TX 76102	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MARK C		NAME		
STREET ADDRESS	100 THROCKMORTON ST., STE. 1900		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76102		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOAD, MARTIN O		NAME	Martin O. Moad	
STREET ADDRESS	100 THROCKMORTON ST., STE. 1800		STREET ADDRESS	100 Throckmorton St. STE 1800	
CITY-ST-ZIP	FORT WORTH TX 76102		CITY-ST-ZIP	Fort Worth TX 76102	
TITLE	GM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARANTO, DOUGLAS M		NAME		
STREET ADDRESS	300 W. 3RD ST., SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **X** *Martin O. Moad* **Martin O. Moad** **4-6-01** **817-415-3116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)