

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000191

1. Entity Name

PAH-HVP GENERAL PARTNER CORP.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90012 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1950 STEMMONS FREEWAY. #6001  
DALLAS TX 75207

1950 STEMMONS FREEWAY. #6001  
DALLAS TX 75207-3107

2. Principal Place of Business

3. Mailing Address

same as above

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

"

"

City & State

City & State

"

"

Zip

Country

Zip

Country

4. FEI Number

75-2767212

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

7. Name and Address of New Registered Agent

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

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 D  
NAME CARREKER, JAMES D  
STREET ADDRESS 1950 STEMMONS FRWY., #6001  
CITY-ST-ZIP DALLAS TX 75207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PSD  
NAME EVANS, WILLIAM W  
STREET ADDRESS 1950 STEMMONS FRWY., #6001  
CITY-ST-ZIP DALLAS TX 75207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME EVANS, WILLIAM W III  
STREET ADDRESS 590 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME JONES, LAWRENCE S  
STREET ADDRESS 1950 STEMMONS FRWY #6001  
CITY-ST-ZIP DALLAS TX 75207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME MORELAND, CARLA S  
STREET ADDRESS 1950 STEMMONS FRWY #6001  
CITY-ST-ZIP DALLAS TX 75207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00

Date

214 863 1000

Daytime Phone #

CR2E034 (9/99)