

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90055 020 ***150.00

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DOCUMENT # F98000000208

1. Entity Name
NICHOLS TXEN CORPORATION

Principal Place of Business 2100 EAST GRAND AVENUE ATTN: TAX DEPT./A267 EL SEGUNDO CA 90245	Mailing Address 2100 EAST GRAND AVENUE ATTN: TAX DEPT./A267 EL SEGUNDO CA 90245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 63-1147434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEGEL, ARTHUR III <input checked="" type="checkbox"/> Delete 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEVEL, LEON J <input checked="" type="checkbox"/> Delete 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISK, HAYWARD D <input checked="" type="checkbox"/> Delete 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFA GERSHEN, DAVID J <input checked="" type="checkbox"/> Delete 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GOODMAN, LARRY D <input checked="" type="checkbox"/> Delete 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRADY, BRYAN <input checked="" type="checkbox"/> Delete 2100 EAST GRAND AVENUE EL SEGUNDO CA 90245

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michael W. Risley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7800 Stemmons Freeway 8th Floor Dallas, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dennis J. Dooley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26711 Northwestern Hwy. Suite 600 Southfield, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Dennis Dooley* **DENNIS DOOLEY** 4/8/02 248 372-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)