5/5/12/00-90027-010-$150.00-$150.00

2000 UNIFORM BUSINE S REPORT (UBR)

DOCUMENT # F98000001414

1. Entity Name

HAMPDEN RIDGE CORPORATION

FILED

00 SEP 29 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
THE SINCLAIR BLDG 512 MAIN STREET, 14TH FL FORT WORTH TX 76102	THE SINCLAIR BLDG 512 MAIN STREET, 14TH FL FORT WORTH TX 76102-3907

2. Principal Place of Business	3. Mailing Address
512 MAIN STREET	512 MAIN STREET
Suite, Apt. #, etc.: SUITE 1011	Suite, Apt. #, etc.: SUITE 1011
City & State: FORT WORTH, TX	City & State: FORT WORTH, TX
Zip: 76102 Country: UNITED STATES	Zip: 76102 Country: UNITED STATES

4. FEI Number 98-0183680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ 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 (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 01, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD AUTREY, GABRIELA CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AUTREY, JORGE H CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AUTREY, LORENZA CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AUTREY, ZITA L CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS AUTREY, ANTONIA G CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT AUTREY, JOSE L CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition KE

CR5E024 (10/00)

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: _____ 9-27-00 817-332-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #