FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91421 018 ***150.00

2003 FOR PROFIT CORPORATION

F98000002332

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT #

HEARTHSTONE MANAGEMENT, INC.

| | | | | TO WE THE | | | | |
|--|--|--|-------|--|------------------------------|---|-----------------------------|------------|
| Principal Place of Business 3663 N. SAM HOUSTON PARKWAY E. SUITE 600 HOUSTON TX 77032 | | Mailing Address 3663 N. SAM HOUSTON PARKWAY E. SUITE 600 HOUSTON TX 77032 | | | | | 11/11 // //// | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 1 | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | 9 | City & State | | | 4. F | 76-0409659 | ⊢ | oplied For |
| Zip | Country Zip C | | Count | Country | | Certificate of Status Desired | \$8.75 Add | ditional |
| | 6. Name and Address of Current | Registered Agent | | | 7. N | lame and Address of New Registered | Agent | |
| | | | | Name | · ; | | - | |
| CAPITOL CORPORATE SERVICES, INC. | | | | , | | | | |
| 1333 NORTH DUVAL STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | SEE FL 32303 | | } | | | | | |
| IALLAHAC | SEE FL 32303 | | | | | | | |
| | | | | City | | FI | Zip Cod | e |
| the obligat | ons of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 | | | d office or registe | | ent, or both, in the State of Florida. I am Instating) DATE 9. Election Campaign Financing | | May Be |
| | May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | f State | | | | | | to Fees |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADI | DITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EKKER, TIMOTHY P 663 N. SAM HOUSTON PARKWAY EAST, STE. 600 | | | l l | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROSENBERG, RICHARD M 3663 N. SAM HOUSTON PARKWAY EAST, STE. 600 | | 1 | ET ADDRESS ST-ZIP | | | ☐ Change | Addition |
| TITLE -NAME STREET ADDRESS CITY-ST-ZIP | V DASPIT, LAURENCE- 3663 N. SAM HOUSTON PARKW HOUSTON TX 77032 | Delete | | T ADDRESS ST-ZIP | , | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV WANG, JAMES 3663 N. SAM HOUSTON PARKW HOUSTON TX 77032 | Delete | | T ADDRESS ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY STATE | V SCHILL, LLOYD 3663 N. SAM HOUSTON PARKW | Delete AY EAST, STE. 600 | | T ADDRESS | | | ☐ Change | ☐ Addition |

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

☐ Delete

☐ Change

☐ Addition