

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003661

1. Entity Name
PAH-MANAGEMENT CORPORATION

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90002 003 ***550.00
07-12-2000 90005 014 ***150.00

Principal Place of Business
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207

Mailing Address
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207

2. Principal Place of Business
1950 Stemmons Freeway
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

#6001
City & State
Dallas TX

City & State

Zip
75207

Country
Dallas

Zip

Country

4. FEI Number **75-2767217**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	CEO CARREKER, JAMES D 1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ALIBHAI, KARIM 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT JONES, LAWRENCE S 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORELAND, CARLA S 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOUSTON, BEVERLY M 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<i>Rick Smith Treasurer</i> <i>same</i> <i>same</i> <i>same</i>	<input checked="" 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
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: *[Signature]* SIGNATURE REQUIRED *7/27/00* *Seely*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)