

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90003 004 ***150.00

DOCUMENT # F98000003661

1. Entity Name

PAH-MANAGEMENT CORPORATION

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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	CEO	<input checked="" type="checkbox"/> Delete
NAME	CARREKER, JAMES D	
STREET ADDRESS	1950 STEMMONS FREEWAY SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	ALIBHAI, KARIM	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	COFO & Exec VP	<input type="checkbox"/> Delete
NAME	SMITH, RICK	OK
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, CARLA S	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, BEVERLY M	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Grossman	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	Fred Kleisner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas Tx 75207	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Tard	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Smith	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas Tx 75207	
TITLE	VP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Hendrick	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas Tx 75207	
TITLE	VP/Asst Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Bohlmann	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas Tx 75207	

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

4-23-01 2148631000

Date

Daytime Phone #

CR2E034 (10/00)