2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2001 8:00 am DOCUMENT # F98000005005 Secretary of State 1. Entity Name FSS ONE INC. 02-19-2001 90005 032 ***150.00 Principal Place of Business Mailing Address 12700 PARK CENTRAL DRIVE SUITE 1900 12700 PARK CENTRAL DRIVE SUITE 1900 DALLAS TX 75251-1506 DALLAS TX 75251-1506 623969 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 75-2487267 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President & Treasurer **PCEO** Change ☐ Addition ☐ Delete TITLE TITLE FIELDS, DAVID S NAME NAME 12700 PARK CENTRAL, SUITE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75251 CITY-ST-ZIP President-Finance Business &SCC X Change ☐ Delete TITLE TITLE LINSCOTT, DANIEL T NAME NAME STREET ADDRESS STREET ADDRESS 12700 PARK CENTRAL, SUITE 1900 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75251 X Addition TITLE Delete IN J. MCG NAME Sepperwood Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 ment with an address, with all other like empowered changed, or on an atta

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CR2E034 (10/00)