FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800005247

PAHINTEREST HOLDING, INC.

Principal Place of Business 1650 STEMMONS FREEWAY, SUITE 6001 Mailing Address

1650 STEMMONS FREEWAY, SUITE 6001

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90049 005 ***150.00



DALLAS TX 752	07	DALLAS TX 75207	DALLAS TX 75207		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/18/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	Same	26 Same	•		75-2745293 Not Ap		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Contiferts of Status Desired Status Desired Status Desired		
22		27			5. Certificate of Status Desired	Fee	Required
City & State	è	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country	4	8. This corporation owes the current year Inta		□N ₀
24	25		30		Personal Property Tax. 10. Name and Address of New Registered A	☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Agent	81	Name	to. Name and Address of New Registered A	gent	
COP	PORATION SERVICE COMPA	NY		I valile			
	HAYS STREET	441	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301-2525		83	.			
IALL	MINOULL I L 0200 1-2020		*`	Ί			
	÷		84	City		85 2	ip Code
	· · · · · · · · · · · · · · · · · · ·	2500 1007 4500 51 11 01 11		1	FL	hanging	ite registered
office or r	edistered agent, or both, in the St	.0502 and 607.1508, Florida Statuté late of Florida. Such change was a pligations of, Section 607.0505, Flor	unonzea by	the corporal	rporation submits this statement for the purpose of c tion's board of directors. I hereby accept the appoint	tment as	registered
SIGNATURE					red when reinstating) DATE		
12.	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: S AND DIRECTORS	13.	int signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	CTORS IN 12
		DELETE	1.1 TITLE		ABBITTOTO OF THE TOTAL OF THE PARTY	☐ Chan	
TITLE	CEO LAMES D	_ occere	1.2 NAME				· _
NAME	CARREKER, JAMES D	V CHITE COOL		T ADDRESS			
STREET ADDRESS	1950 STEMMONS FREEWA	1, SUITE 600 I					
CITY-ST-ZIP	DALLAS TX 75207	DELETE	1.4 C/TY-5 2.1 TITLE	5(-ZP		☐ Chan	ige Addition
	PD		2.2 NAME				_
NAME	BENTLEY, LESLIE V	V CUITT COOL		TADDRESS			
STREET ADDRESS	1950 STEMMONS FREEWA	T, SUITE BUUT	2.4 CITY-	T ADDRESS			
CITY-ST-ZIP	DALLAS TX 75207	□ DELETE	3.1 TITLE	31-ZIP		Chan	ge 🔲 Addition
TITLE	EVT LAWDENCE S	ب مادد ا	3.2 NAME			_	· –
NAME	JONES, LAWRENCE S	V CHITE COOL	1	T ADDRESS			
STREET ADDRESS	1950 STEMMONS FREEWA	1, SUITE 0001	3.4. CITY-	1			
CITY-ST-ZIP	DALLAS TX 75207 EV	DELETE	4.1 TITLE	31-217		☐ Char	nge 🗌 Addition
NAME	EVANS, WILLIAM W		4. 2 NAME				
STREET ADDRESS	1950 STEMMONS FREEWA	Y SUITE 6001		ET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75207	I, VOIIL WOUL	4.4 CITY-5				
TITLE	EV	DELETE	5.1 TITLE			☐ Char	nge
NAME	KOONCE, STANLEY M JR		5.2 NAME				
STREET ADDRESS	1950 STEMMONS FREEWA	Y SUITE 6001	5.3 STREE	T ADDRESS			
CITY-ST-ZIP	DALLAS TX 75207	II, COILE COOT	5.4 CITY-	ST-ZIP			
TITLE	EV	☐ DELETE	6.1 TITLE		<u> </u>	☐ Chan	nge 🔲 Addition
NAME	JOHNSON, DAVID	_	6.2 NAME				
STREET ADDRESS	l	V SHITE BOOT	6.3 STREE	ET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75207	II, GOITE OUVI	6.4 CITY-	ST-ZIP			
CHIT-SI-ZIP	LONG M.S. 1A 13/11/						

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 annual report or supplemental annual 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 12 or Block 13 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

Date

Date

Date