2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F98000005545 DOCUMENT

1. Entity Name

TRANSCONTINENTAL SADLER SQUARE, INC.



FILED Mar 13, 2003 8:00 am Secretary of State 03-13-2003 90254 001 ***750.00

Principal Place of Business 1800 VALLEY VIEW LANE SUITE 300 DALLAS TX 75234			Mailing Address 1800 VALLEY VIEW LANE SUITE 300 DALLAS TX 75234				55016130					
2. Principal Place of Business			3. Mailing Address								81887 87 <u>1</u> 1 1884	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	FEI Number	75-278443	 39	<u> </u>	pplied For	
Zip Country			Zip	ry	5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current			gistered Agent		7. Name and Address of New Registered Agent							
					Name							
C, T CORI	PORATION SYSTE	EM	Chroni Address (20.05					
1200 SOUTH PINE ISLAND ROAD			Street Address (P.C			dress (P.O. B). Box Number is Not Acceptable)					
PLANTATI	ION FL 33324							**-	Ψ			
•				City			FL	Zip Coc	le			
8. The above the obliga	e named entity submitions of registered a	nits this statement for the	ne purpose of changing its	registere	d office or	registered ag	ent, or both, in	the State of	Florida. I am	familiar with,	and accept	
		•										
SIGNATURE	Signature, typed or printed	d name of registered agent and	title if applicable. (NOTI	E: Registered	Agent signatur	e required when re	einstating)		DATE			
	ILE NOW!!! FEI	F IS \$150.00							 -			
· Afte	er May 1, 2003 Fee	will be \$550.00						n Campaign	~ _		O May Be	
Make Chec	k Payable to Flori	da Department of S	tate			į	Irust Fi	and Contribu	tion. L	J Added	to Fees	
10.		OFFICERS AND DIE	RECTORS	11.		AD	DITIONS/CHA	NGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE	SD		☐ Delete	TITLE		VICE	Preside	nt		☐ Change	Addition	
NAME	WALDMAN, ROB			NAME		LOILIS	TOO	rno-			_	
STREET ADDRESS CITY-ST-ZIP	1800 VALLEY VII Dallas TX 7523		•		ADDRESS	1800	J. Co	1/10.65	1 ane.	Dalla	I. YT 2	
	V	 -	\	CITY-S	ST-ZIP		V ~ (W	7 1100			75234	
TITLE NAME	STAROWICZ, DA	VID	Delete	: TITLE NAME	ŀ					☐ Change	Addition	
STREET ADDRESS		EW LANE, SUITE 30	300		ADDRESS							
CITY-ST-ZIP	DALLAS TX 7523			CiTY-S								
TITLE	V		Delete	TITLE					***	☐ Change	Addition	
NAME	COOK, JOHN	•	7-2000	NAME	İ					Li Onange	L. Addition	
STREET ADDRESS		EW LANE, SUITE 30	0	STREET	ADDRESS							
CITY-ST-ZIP	DALLAS TX 7523	34		CITY-S	T-ZIP						-	
TITLE	DT		☐ Delete	TITLE				1		☐ Change	☐ Addition	
NAME STREET ADDRESS	KIMBROUGH, RO			NAME								
CITY-ST-ZIP	1800 VALLEY VIE DALLAS TX 7523			STREET CITY-S	ADDRESS T 7/0							
TITLE	VP		Π	_	1-215	<u> </u>						
	Branigan, mar	ĸw	☐ Delete	TITLE						☐ Change	☐ Addition	
		W LANE, SUITE 30	0		ADDRESS							
CITY-ST-ZIP	DALLAS TX 7523		•	CITY-S								
TITLE	-		□ Delete	TITLE	+	W.L.	·	***		☐ Change	Addition	
NAME				NAME	1					onenge	L.J AGUIRON	
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				CITY-S	T-7IP							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: