## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F98000007058 DOCUMENT # 1. Entity Name

Principal Place of Business

3232 MCKINNEY AVENUE. SUITE 1000

SOURCECORP, INCORPORATED



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90365 009 \*\*\*150.00

Mailing Address 3232 MCKINNEY AVENUE. SUITE 1 DALLAS TX 75204	000

DALLAS TX 75204			DALLAS TX 75204				ì									
2. Principal Place of Business 3. Mailing Address											D1			<b>a</b> i 6061 1001		
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & State	e	City 8	City & State				/5-256D895 H-1							lied For Applicable		
Zip		Country	Zip		ry		5. Ce	ertificate o	of Status	Desired		\$8.75 Additional				
	6. Name	and Address of Current	Registered	Agent				7. Na	me and	Address	of New	Register	ed Agent			
	Name															
LINITED C	ORPORATE	SERVICES														
						Street Address (P.O. Box Number is Not Acceptable)										
		BLVD., STE. 508														
MIAMI FL	33156														1	
•						City FL Zip Code										
	named entity ions of regist	y submits this statement for ered agent.	r the purpo	se of changing its	registere	d office o	r registere	ed ager	nt, or both	n, in the S	State of F	forida. 1 a	am familiar w	ith, a	nd accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applic	cable. (NOTE	: Registere	Agent signal	ture required	when rein:	stating)			DAT	E			
		L EEE IC 6150.00						T					,			
		! FEE IS \$150.00										inancing			May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Ì	Trus	st Fund C	Contribut	ion.	☐ Ad	ded	to Fees			
10.								ADD	ITIONS //	CHANGE	S TO OF	EICERS 4	AND DIRECT	OBS	IN 11	
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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:**