

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000374**

1. Entity Name

TXU SEM COMPANY

Principal Place of Business

**9000 EAST NICHOLS AVE., SUITE 150
ENGLEWOOD CO 80112**

Mailing Address

**9000 EAST NICHOLS AVE., SUITE 150
ENGLEWOOD CO 80112-3474**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-2795541

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	C	<input type="checkbox"/> Delete
NAME	BREEDAN, KENNETH R	
STREET ADDRESS	1601 BRYAN TOWER SUITE 43	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, TIMOTHY G	
STREET ADDRESS	9000 EAST NICHOLS AVE., SUITE 150	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, SCOTT	
STREET ADDRESS	9000 EAST NICHOLS AVE., SUITE 150	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZOBY, PAUL A	
STREET ADDRESS	9000 EAST NICHOLS AVE., SUITE 150	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, SAMUEL S	
STREET ADDRESS	9000 EAST NICHOLS AVE., SUITE 150	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	CAT	<input type="checkbox"/> Delete
NAME	JOSLYN, LEE W	
STREET ADDRESS	9000 EAST NICHOLS AVE., SUITE 150	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy G. Davis January 14, 2000 303.790.412

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90203 006 ***158.75

B0007545

DO NOT WRITE IN THIS SPACE