

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 005 \*\*\*150.00

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



2. Principal Place of Business  
1601 Bryan Street

3. Mailing Address

EP 34108  
Suite, Apt. #, etc.  
1601 Bryan Street

Dallas TX

Dallas

☐ CHECK HERE IF MAKING CHANGES

Zip 75201

Country Dallas

Zip TX

Country 75201

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *EP Vice chairman* ☐ Delete  
NAME DICKIE, BRIAN N  
STREET ADDRESS 1601 BRYAN TOWER  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MCHENRY, WALLACE JR  
STREET ADDRESS 300 S. ST. PAUL  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME HARRISON, SCOTT  
STREET ADDRESS 300 SOUTH ST PAUL ST SUITE 7000  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Assistant Secretary* ☐ Delete  
NAME STEPHENS, JOHN F  
STREET ADDRESS 1601 BRYAN TOWER  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Secretary* ☐ Delete  
NAME KUBIN, DIANE J  
STREET ADDRESS 1601 BRYAN TOWER  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCNALLY, MICHAEL  
STREET ADDRESS 1601 BRYAN TOWER  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (214) 812-6688

Date

Daytime Phone #

CR2E034 (10/02)