## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 05, 2001 8:00 am Secretary of State DOCUMENT # F9900001532 1. Entity Name TCR CENTER, INC. 05-05-2001 91095 036 \*\*\*150.00 Mailing Address Principal Place of Business 201 N . NEW YORK AVE 201 N . NEW YORK AVE **STE 200** STE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 75-28 10289 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME CROW, HARLAN R STREET ADDRESS STREET ADDRESS 2001 ROSS AVE., STE. 3200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ☐ Addition Change ☐ Delete TITLE TITLE NAME TERWILLIGER, J. RONALD NAME STREET ADDRESS STREET ADDRESS 2859 PACES FERRY RD., STE. 1400 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30339 ☐ Addition ☐ Delete ☐ Change TITLE DP TITLE NAME HOEKSEMA, DOUGLAS A NAME STREET ADDRESS 201 N NEW YORK AVE #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition Change TITLE M Delete TITLE NAME COLLINS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1810 GATEWAY DR., STE. 100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA 94404 Change Addition TITLE ☐ Delete V5T TITLE VS NAME PATTERSON, THOMAS J NAME STREET ADDRESS STREET ADDRESS 717 N. HARWOOD, STE. 1200, LB128 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

TED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #