

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000002128**

1. Entity Name

**CSC II SUNSET, INC.****FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90012 004 \*\*\*150.00

Principal Place of Business

**200 CRESCENT COURT, SUITE 1650  
DALLAS TX 75201**

Mailing Address

**200 CRESCENT COURT, SUITE 1650  
DALLAS TX 75201-1829**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 1600*

Suite, Apt. #, etc.

*Suite 1600*

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**15-2816103****APPLIED FOR**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DENIGER, DAVID B</b> <b>200 CRESCENT COURT, SUITE 1650</b> <b>DALLAS TX 75201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MUSE, JOHN R</b> <b>200 CRESCENT COURT, SUITE 1650</b> <b>DALLAS TX 75201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>MEDZIGIAN, MICHAEL G</b> <b>200 CRESCENT COURT, SUITE 1650</b> <b>DALLAS TX 75201</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CVAS</b> <b>HALL, HAL R</b> <b>200 CRESCENT COURT, SUITE 1650</b> <b>DALLAS TX 75201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAS</b> <b>SMITH, TIMOTHY B</b> <b>200 CRESCENT COURT, SUITE 1650</b> <b>DALLAS TX 75201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANDIN, ROBERT P</b> <b>200 CRESCENT COURT, SUITE 1650</b> <b>DALLAS TX 75201</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/S</b> <b>Smith, Timothy B.</b> <b>200 Crescent Court, Suite 1600</b> <b>Dallas, TX 75201</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AS</b> <b>Mundy, Jeffrey G.</b> <b>200 Crescent Court, Suite 1600</b> <b>Dallas, TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AS</b> <b>Ron J. Hoyl</b> <b>200 Crescent Court, Suite 1600</b> <b>Dallas, TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b> <b>Dan Lanier</b> <b>200 Crescent Court, Suite 1600</b> <b>Dallas, TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Robert S. Riggs</b> <b>200 Crescent Court, Suite 1600</b> <b>Dallas, TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 1600</b> <b>(all addresses)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Timothy B. Smith***Timothy B. Smith**

Date

**2/1/00 (214) 720-7813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)