FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am F99000003570 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90090 002 ***158.75 SALOMON GREY FINANCIAL CORPORATION Principal Place of Business Mailing Address 5430 LBJ FRWY 5430 LBJ FRWY 1626 DALLAS TX 75240 DALLAS TX 75240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 75-2725794 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAYHEW, W. EVERETT Street Address (P.O. Box Number is Not Acceptable) 860 US HWY ONE SUITE 207A N PALM BEACH FL 33408 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 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition Delete TITLE TITLE ROWE, KYLE B NAME NAME STREET ADDRESS STREET ADDRESS 5430 LBJ FREEWAY, SUITE 1626 CITY-ST-ZIP CITY-ST-7/P DALLAS TX 75240 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME ROWE, LAURIE STREET ADDRESS STREET ADDRESS 5430 LBJ FREEWAY, SUITE 1626 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 TITLE ☐ Delete TITLE Change ☐ Addition NAME ROWE, MARVIN W NAME STREET ADDRESS STREET ADDRESS 5430 LBJ FREEWAY, SUITE 1626 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KOUPAS, A. PAUL NAME STREET ADDRESS STREET AODRESS 5430 LBJ FREEWAY, SUITE 1626 CITY-ST-ZIP CITY-ST-ZIP Dallas TX 75240 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. COMPLEX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR