## 2002 UNIFORM BUSINESS REPORT (UBR)

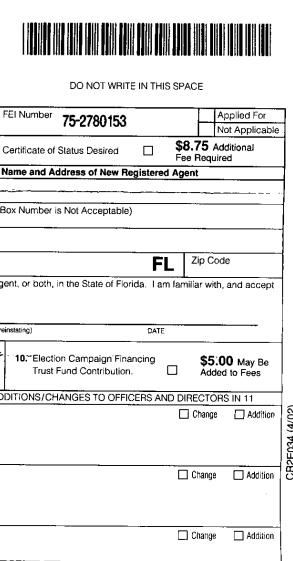
## DOCUMENT # F9900003589

1. Entity Name

14ELSO14 AROPHECTORAL ENGINEERS, 114C.			
Principal Place of Business	Mailing Address		_
3303 LEE PARKWAY. STE 440	3303 LEE PARKWAY, STE 440		
DALLAS TX 75219-5116	DALLAS TX 75219-5116		

## **FILED** Jul 22, 2002 8:00 am Secretary of State

07-22-2002 90159 034 \*\*\*550.00



2. Principal Place of Business 3. Mailing Address			I TREATHER ISTO MENTE HENCE BRICE BRICE BRICE BRICE BRICE BRICE BRICE IN THE BRICE B			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Star	te	City & State	***.	4. FEI Number 75-2780153 Applied For Not Applicable		
Zip	Country	Zip	Country	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			
			Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
PLANIAI	ION FL 33324					
			City	Zip Code		
8. The above the obligate SIGNATURE.	tions of registered agent.		egistered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept quired when reinstating)		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE  After September 13, 2002  Make Check Payable to			750.00 Trust Fund Coatsily Jian			
11.	OFFICERS AND [	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, ERIK L 3303 LEE PKWY, STE 440 DALLAS TX 75219-5116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AHUJA, DEEPAK 3303 LEE PKWY, STE 440 DALLAS TX 75219-5116	☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Daytime Phone #

☐ Change

☐ Change

Addition

Addition

☐ Addition