## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # G54140 1. Entity Name HEATHROW MANAGEMENT CORP. 04-23-2001 90046 034 \*\*\*150.00 Mailing Address Principal Place of Business 3030 LBJ FREEWAY 3030 LBJ FREEWAY P.O. BOX 819087 P.O. BOX 819087 DALLAS TX 75381 DALLAS TX 75381 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 75-1900979 Not Applicable Zip Country Country \$8.75 Additional 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 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, 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Thange ☐ Addition Delete . TITLE TITLE DOUGLAS HOWE HINCKLEY, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY. STE 700 CITY-ST-ZIP DALLAS TX CITY-ST-ZIP THOMAS HENSLEE ☐ Addition 🗖 Delete TITLE TITLE TAYLOR, TERRY A. NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY 700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX - Change ☐ Addition TITLE TACK LUPTONS JAHNKE, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACK LUPTOS 3/16/01 972.

CR2E034 (10/00