2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K66954** May 04, 2000 8:00 am Secretary of State 1. Entity Name HIDEAWAY MANAGEMENT CORP. 05-04-2000 90186 019 ***150.00 Principal Place of Business Mailing Address CLUB CORP - ATTN: KELLEY. NIXON 3030 LBJ FREEWAY SUITE 700 3030 LBJ FRWY., STE 700 DALLAS TX 75234-7763 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 75-2278579 Not Applicable Zip Country \$8.75 Additional 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 City Zip Code FI 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 Addition Change TITLE Delete TITLE JERRY MOORE 3030 LET FRWY. LUPTON, JACK NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY. STE 700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Change Addition ☐ Delete TITLE TITLE HINCKLEY, JAMES NAME NAME 3030 LBJ FRWY 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DALLAS TX 75234 Change ■ Addition Delete TITLE TITLE TAYLOR, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY 700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVIN POWER 1-17-00