## FILED May 22, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K66954 1. Egtity Name 05-22-2002 90120 034 \*\*\*150.00 HIDEAWAY MANAGEMENT CORP. Principal Place of Business Mailing Address 3030 LBJ FREEWAY CLUB CORP - ATTN: KELLEY, NIXON\_ SUITE #80 114 0 3030 LBJ FRWY.. STE 700 DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TAX DEPT City & State City & State 4. FEI Number Applied For 75-2278579 Not Applicable Zip Country Zip 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 **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME LUPTON, JACK NAME STREET ADDRESS 3030 LBJ FRWY. STE 700 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CRONBERG, JULIE NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY 700 CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME HENSLEE, THOMAS NAME STREET ADDRESS 3030 LBJ FRWY 700 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

GUINEVACK SIGNATURE AND THE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

LUPTON 1-15-02 972.243-619,

☐ Change

Addition