FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # L86252 **Secretary of State** 1. Entity Name LWC HOLDING CORP. 02-11-2002 90148 021 ***150.00 Principal Place of Business Mailing Address 770 S DIXIE HWY 500 N AKARD **STE 250** STE 2500 DALLAS TX 75201 **CORAL GABLES FL 33146** 2. Principal Place of Business 3. Mailing Address 1445 Ross Avenue Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4200 Applied For 4. FEI Number City & State City & State 65-0209309 Not Applicable Zip 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 City Zip Code 8. The above named entity submits this statement for all ng 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 After May 1, 2002 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 11: OFFICERS AND DIRECTORS (9/01) ☐ Addition Delete TITLE TITLE Griffith, Gary 1445 Ross Ave, Ste 4200 NAME GRIFFITH, GARY R CR2E034 STREET ADDRESS STREET ADDRESS 500 N AKARD STE 2500 CITY-ST-ZIP DALLAS TX 75201 CITY-ST-ZIP 75702 ☐ Addition ☐ Delete **Change** TITI F TITLE **EVCS** NAME NAME PAN. C J Avenue, Ste 4200 STREET ADDRESS STREET ADDRESS 500 N AKARD STE 2500 CITY-ST-ZIP CITY-ST-ZIP 75202 DALLAS TX 75201 Change ☐ Addition ☐ Delete TITLE TD. NAME PAN. C J. Ross Avenue, ste 4200 STREET ADDRESS STREET ADDRESS 500'N AKARD STE 2500 CITY-ST-ZIP Tx 75202 CITY-ST-ZIP DALLAS TX 75201 Change ☐ Addition ☐ Delete TITLE TITLE Bowman, Stephanie 1445 Ploss Ave, Ste 4200 Dallas, Tr 75202 NAME NAME **BOWMAN, STEPHANIE D** STREET ADDRESS STREET ADDRESS **500 N AKARD STE 2500** CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75201 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 exceed 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 an other like empowered.

SIGNATURE: _

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR