2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000878

1. Entity Name

RANGELEY COMPANY, L.C.

Principal Place of Business	Mailing Address
1342 TIMBERLANE ROAD	1342 TIMBERLANE ROAD
SUITE 201-D	SUITE 201-D
TALLAHASSEE FL 32312	TALLAHASSEE FL 32312-1775

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16475 Dallas Parkway	16475 Dallas Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 500	Suite 500 B
City & State	City & State
Addison, Texas 75001	Addison, Texas 75001 OK
Zip 75001	Country US	Zip 75001	Country US

4. FEI Number 59-3344118

Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, ETHAN W	Name: Corporation Service Company
C/O MORGAN, LEWIS & BOCKIUS LLP	Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD., SUITE 5300	1201 Hays Street
MIAMI FL 33131-2339	City Tallahassee FL Zip Code 32301

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)

BRIAN COURTNEY, ASST. V.P.   3/17/00 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

		Delete
TITLE	MGR	☒
NAME	PITTS, HERMAN C	
STREET ADDRESS	STONYWOOD FARM, 127 MEADOWOOD COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	MGR	☒
NAME	TORVIK, PETER O	
STREET ADDRESS	2217 DEMERON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

10. ADDITIONS / CHANGES

		Change	Addition
TITLE	Manager	☐	☒
NAME	Roger O. West		
STREET ADDRESS	16475 Dallas Parkway, Suite 500		
CITY-ST-ZIP	Addison, Texas 75001		
TITLE	Manager	☐	☒
NAME	John David Davenport		
STREET ADDRESS	6414 North Santa Fe, Suite B		
CITY-ST-ZIP	Oklahoma City, OK 73116		

20000317899 2--6
-03/22/00--01009--001
*****50.00   *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Roger O. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

CR2E083 (9/99)