2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000878

1. Entity Name

RANGELEY COMPANY, L.C.

Principal Place of Business	Mailing Address
16475 DALLAS PARKWAY, SUITE 500 ADDISON TX 75001	16475 DALLAS PARKWAY, SUITE 500 ADDISON TX 75001

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-3344118 — Applied For / Not Applicable
Zip — Country	Zip — Country	**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
CORPORATION SERVICE COMPANY **1201 HAYS STREET** **TALLAHASSEE FL 32301-2525**	Name — Street Address (P.O. Box Number is Not Acceptable) — City **FL** Zip Code

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) DATE

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

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES		
TITLE MGR NAME WEST, ROGER O STREET ADDRESS 16475 DALLAS PARKWAY, SUITE 500 CITY-ST-ZIP ADDISON TX 75001		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE MGR NAME DAVENPORT, JOHN DAVID STREET ADDRESS 6414 NORTH SANTA FE, SUITE B CITY-ST-ZIP OKLAHOMA CITY OK 73116		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003912525---2 -03/27/01--01082--024 *****50.00 *****50.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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 (972) 349-2201 3/14/01

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

CR2E083 (11/00)