

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000128

1. Entity Name

CARLSON TECHNOLOGY ASSOCIATES, LLC

FILED

01 FEB 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

17210 CAMPBELL ROAD, SUITE 260
DALLAS TX 75252

Mailing Address

17210 CAMPBELL ROAD, SUITE 260
DALLAS TX 75252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1563536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE: DIRECTOR/PRESIDENT ☐ Delete
NAME: DANIEL HUNTER
STREET ADDRESS: 17210 CAMPBELL RD #200
CITY-ST-ZIP: DALLAS, TX 75252

TITLE: DIRECTOR/EXE VICE PRESIDENT ☐ Delete
NAME: WILLIAM FRASER
STREET ADDRESS: 17210 CAMPBELL RD., #200
CITY-ST-ZIP: DALLAS, TX 75252

TITLE: DIRECTOR/EXE VICE PRESIDENT ☐ Delete
NAME: WILLIAM JOHNSON
STREET ADDRESS: 17210 CAMPBELL RD. #200
CITY-ST-ZIP: DALLAS, TX 75252

TITLE: CFO/SECRETARY ☐ Delete
NAME: MICHAEL ROSEN
STREET ADDRESS: 17210 CAMPBELL RD #200
CITY-ST-ZIP: DALLAS, TX 75252

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 100003708001--6
CITY-ST-ZIP: -02/16/01--01124--011

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: *****50.00 ☐ Change ☐ Addition
CITY-ST-ZIP: *****50.00

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)