

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000128

1. Entity Name

CARLSON TECHNOLOGY ASSOCIATES, LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HUNTER, DANIEL
17210 CAMPBELL RD. #200
DALLAS TX 75252 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
FRASER, WILLIAM
17210 CAMPBELL RD. #200
DALLAS TX 75252 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
JOHNSON, WILLIAM
17210 CAMPBELL RD. #200
DALLAS TX 75252 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOS
ROSEN, MICHAEL
17210 CAMPBELL RD. #200
DALLAS TX 75252 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature] **SIGNATURE REQUIRED**

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

Date

1/3/02

Daytime Phone #

(912) 250-3972

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90163 031 ****50.00

B0043360



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1563536** Applied For ☐ Not Applicable ☐

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

CR2E083 (9/01)