2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na		M00000	000781	٠,				LE			
Principal Place of Business 6363 WOODWAY. SUITE 1000 HOUSTON TX 77057		65	Mailing Address 6363 WOODWAY, SUITE 1000 HOUSTON TX 77057				OIFEB-7 AM 10: 11 SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ate	(City & State			4. FE	76-063621	17		pplied For ot Applicable	
Zip	Countr	y Z	Zip	Counti	гу	5. Ce	rtificate of Status Desired		5.00 Ad	ditional ed	
	6. Name and Add	ress of Current Regist	tered Agent		Name .	7. Na	me and Address of New	Registered A	gent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			. ·		Street Ad	dress (P.O. Box	Number is Not Acceptab	ole)			
					City			FL	Zip Cod	le	
	e named entity submits	this statement for the po	urpose of changing its	registered	d office or r	egistered agen	t, or both, in the State of F	Florida,			
8. The above		this statement for the po	applicable. (NOT	E: Registered	Agent signature	e required when reins		DATE			
	Signature, typed or printed nan	,	applicable. (NOT FILE NO Make Check Pa	E: Registered	Agent signature	e required when reins	tating)				
SIGNATURE	Signature, typed or printed nan	e of registered agent and title if	applicable. (NOT FILE NO Make Check Pa	OW!!! F lyable to 10. TITLE NAME	Agent signature EE IS \$5 Departm	e required when reins	ADDITIONS	DATE S/CHANGES	☐ Change	☐ Addition	
9. TITLE NAME STREET ADDRESS	Signature, typed or printed nan	ne of registered agent and title if	applicable. (NOT FILE NO Make Check Pa	E: Registered OW!!! F syable to 10. TITLE NAME STREE CITY- TITLE NAME	Agent signature EE IS \$5 Departm T ADDRESS ST-ZIP	e required when reins	tating)	DATE S/CHANGES			
9. TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	Signature, typed or printed nan	ne of registered agent and title if	applicable. (NOT FILE NO Make Check Pa EMBERS Delete	E: Registered OW!!! F syable to 10. TITLE NAME STREE: CITY-S TITLE NAME NAME NAME NAME	Agent signature EE IS \$5 Departm T ADDRESS ST-ZIP T ADDRESS ST-ZIP	s required when reins 60.00 nent of State	ADDITIONS	DATE S/CHANGES 13/010 13/010	5 d 5 1010 *****		
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SUITE 1000, LLC

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Name, Title, and Business Address of current managers

Name Jack Dinerstein Manager, CEO, President

T.H. Dinerstein Manager, Chairman, Vice President

Tom Caltagirone Manager, COO, Secretary <u>Business Address</u> 6363 Woodway, Suite 1000 Houston, Texas 77057

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