1/28/02-90025-032-$55.00-$55.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 29 PM 4:03

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001140

1. Entity Name
GENPASS SERVICE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
2828 N. HASKELL AVE. FL 10 DALLAS TX 75204	2828 N. HASKELL AVE. FL 10 DALLAS TX 75204

2. Principal Place of Business	3. Mailing Address
3988 NORTH CENTRAL EXWY	3988 NORTH CENTRAL EXWY
Suite, Apt. #, etc.: 5th FLOOR	Suite, Apt. #, etc.: 5th FLOOR
City & State: DALLAS TX	City & State: DALLAS TX
Zip: 75204 Country: USA	Zip: 75204 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2882815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CONNOR, THOMAS G JR 3988 N. CENTRAL EXWY 5TH FLOOR DALLAS TX 75204 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO PIPES, DEBORAH D 3988 N. CENTRAL EXWY 5TH FLOOR DALLAS TX 75204 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO FAZZONE, CAROL S. 3988 N. Central Exwy., 5th FL Dallas, TX 75204 ☒ 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

CR2E083 (8/01)

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 REQUIRED [signature] 4-15-02 (214) 584-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

BLT