# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 01, 2002 8:00 am**
**Secretary of State**
07-17-2002 90139 041 ****50.00

DOCUMENT # M01000002808

1. Entity Name

MEDLEY INDUSTRIAL, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| %NVESCO REALTY ADVISORS-ONE LINCOLN CENTER<br>5400 LBJ FREEWAY/LB2. STE. 700<br>DALLAS TX 75240 | %NVESCO REALTY ADVISORS-ONE LINCOLN CENTER<br>5400 LBJ FREEWAY/LB2. STE. 700<br>DALLAS TX 75240 |

DO NOT WRITE IN THIS SPACE

| 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 75-2676423 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>David Ridley<br>5400 LBJ Fwy #700<br>Dallas, TX 75240 | ☐ Delete<br>Addition | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Exc. V.P.<br>David Farmer<br>Same | ☐ Delete<br>Addition | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVP/Secretary<br>Paul Michaels<br>Same | ☐ Delete<br>Addition | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Michael Kirby<br>Same | ☐ Delete<br>Addition | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/Secretary<br>Ron Ragsdale<br>Same | ☐ Delete<br>Addition | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/Asst. Secretary<br>Kevin Johnson<br>Same | ☐ Delete<br>Addition | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (4/02)

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 7/15/02 305-883-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #