

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90027 045 \*\*\*\*50.00

**DOCUMENT # M02000002735**

1. Entity Name  
**NMC FIELD SERVICES, LLC**



Principal Place of Business

**6500 BELTLINE ROAD  
IRVING TX 75063**

Mailing Address

**6500 BELTLINE ROAD  
IRVING TX 75063**

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 **45-0482263**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGR</b>			
	<b>CARR, WILLIAM H</b>			
	<b>6500 BELTLINE ROAD</b>			
	<b>IRVING TX 75063</b>			
	<b>MGR</b>			
	<b>JOSEPH, BRIAN</b>			
	<b>6500 BELTLINE ROAD</b>			
	<b>IRVING TX 75063</b>			
	<b>MGR</b>			
	<b>EPP, KRISTEN</b>			
	<b>6500 BELTLINE ROAD</b>			
	<b>IRVING TX 75063</b>			
	<b>MGR</b>			
	<b>BANKS, SUZANNE</b>			
	<b>6500 BELTLINE ROAD</b>			
	<b>IRVING TX 75063</b>			
	<b>MGR</b>			
	<b>JENSEN, RONALD L</b>			
	<b>6500 BELTLINE ROAD</b>			
	<b>IRVING TX 75063</b>			
	<b>MGR</b>			
	<b>GEDWED, WILLIAM J</b>			
	<b>6500 BELTLINE ROAD</b>			
	<b>IRVING TX 75063</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>6500 N. Belt Line Rd.</b>		
		<b>Irving TX 75063</b>		
		<b>6500 N. Belt Line Rd.</b>		
		<b>Irving TX 75063</b>		
		<b>6500 N. Belt Line Rd.</b>		
		<b>Irving TX 75063</b>		
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		<b>Irving TX 75063</b>		
		<b>6500 N. Belt Line Rd.</b>		
		<b>Irving TX 75063</b>		

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

**1/27/2003**

**972-999-1082**

Date

Daytime Phone #

CR2E083 (10/02)