

2001 UNIFORM BUSINESS REPORT (UBR)

0028516 AF

DOCUMENT # **M97000000294**

1. Entity Name

FCH/DT LEASING II, L.L.C.

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
545 EAST JOHN CARPENTER FREEWAY, STE. 1300 IRVING TX 75062 **545 EAST JOHN CARPENTER FREEWAY, STE. 1300 IRVING TX 75062**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **75-2709533** 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
**MGR
COCORAN, THOMAS J JR.
545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING TX 75062**

TITLE NAME ☐ Change ☒ Addition
**MGR
Wiese, Thomas L.
545 East John Carpenter Freeway, Ste. 1300
Irving, TX 75062**

TITLE NAME ☐ Delete
**MGR
ROBINSON, LAWRENCE D
545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING TX 75062**

TITLE NAME ☐ Change ☐ Addition
**800004084698--4
-04/27/01--01046--004
*****50.00 *****50.00**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 REQUIRED

April 18, 2001

972.444.4900

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

Date

Daytime Phone #

Thomas J. Corcoran, Jr. Manager

CR2E083 (11/00)