

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY 03 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MA 10000000035

1. Entity Name

USRP (Midon), LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12240 Inwood Rd, Ste 300

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dallas, Texas

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

75244

Country

Dallas

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

800005449718--7
-05/03/02--01048--011
****300.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Robert J. Stetson
12240 Inwood Rd, Ste 300
Dallas, TX 75244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Gregory I. Strong
Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
H. G. Carrington, Jr.
Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Valerie S. Siverling
Same

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: Valerie S. Siverling Valerie S. Siverling, Mgr. 4-16-02 912 387-1487

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

Date

Daytime Phone #

CR2E083B (12/01)