

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000364

1. Entity Name
FCH/SH LEASING, L.L.C.

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
545 EAST JOHN CARPENTER FREEWAY, STE. 1300
IRVING TX 75062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-2712394

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (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 MGR
NAME CORCORAN, THOMAS J
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING TX 75062 ☐ Delete

TITLE MGR
NAME Wiese, Thomas L.
STREET ADDRESS 545 East John Carpenter Freeway, Ste. 1300
CITY-ST-ZIP Irving, TX 75062 ☐ Change ☒ Addition

TITLE MGR
NAME ROBINSON, LAWRENCE D
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING TX 75062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-04/27/01--01033-000 Addition
*****50.00 *****50.00

TITLE MGR
NAME CHURCH, RANDALL L
STREET ADDRESS 545 EAST JOHN CARPENTER FREEWAY, STE. 1300
CITY-ST-ZIP IRVING TX 75062 ☒ 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
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Thomas J. Corcoran, Jr. - Manager

April 18, 2001 972.444.4900

Date Daytime Phone #

0028621 AF

CR2E083 (11/00)