

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -6 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015645
AF

DOCUMENT # M98000000674

1. Entity Name
WIPC, LLC

Principal Place of Business
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207

Mailing Address
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207-3107



2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc. "

Suite, Apt. #, etc. "

City & State "

City & State "

Zip "

Country "

Zip "

Country "

4. FEI Number 75-2736541

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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

TITLE NAME MGR
BENTLEY, LESLIE V
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE NAME MGR
HOUSTON, BEVERLY
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE NAME MGR
JONES, LAWRENCE S
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP DALLAS TX 75207 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400003342634-3
-08/01/00--01085-014
*****50.00 *****50.00

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

TITLE NAME PP+Treasurer
STREET ADDRESS Richard L. Mahoney
CITY-ST-ZIP Same ☒ Change ☐ Addition

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

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

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)