2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	JMENT ame	# M98	800000674					FU	.ED			2004
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Principal Pla	ace of Rusines		A Paris Control of the Control of th							- - .		
Principal Place of Business Mailing Address 1950 STEMMONS FREEWAY, SUITE 6001 1950 STEMMONS FREEVA DALLAS TX 75207 DALLAS TX 75207					TE 600 1		SECRETARY OF STATE TALLAHASSEE. FLORIDA					
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Nun	75-273654	 I1	 	pplied For	7
Zip Country		Zip	Cour	Country		5. Certificate of Status Desired Specificate of Status Desired Fee Required				litional	7	
	6. Name	and Address of Cur	rrent Registered Agent				7. Name a	nd Address of New				
	ATION SERV		Name									
	YS STREET		Street Address (P.O. Box Number is Not Acceptable)									
	SSEE FL 32					·				1		
.,					City	<u></u> .			FL	Zip Code	•	1
8. The above	e named entity	submits this stateme	ent for the purpose of changing it	s registere	ed office o	r registered	agent, or b	eth-in the State of E	lorida.			1
SIGNATURE				J		Ü		-05/1	5/1110	1103(
JIGNATURE	Signature, typed o	printed name of registered	agent and title if applicable. (NO	Ti Registered	Agent signat	ture required wh	en reinstating)	****	×50 <u>A</u>₽	*****	(0. 1) ()	-
			FILE N Make Check P		FEE IS \$		State	-05/15 *****	50/600	1003-01	07 3. DOH	
9.		MANAGING ME	EMBERS/MEMBERS ;	10.	P!			ADDITIONS	/CHANGES	944**	7	٠.
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name Street address	BENTLEY,	Leslie v Mons freeway	SUITE ANN	NAME STREE		Fre	ed Ex	leisher eminion	s Fr	少世	1001	E083 (11/00)
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FITLE	DALLAS TX	/580/	☐ Delete	TITLE		SK	V P ?	+ Troas	yree 1	Change	☐ Addition	
NAME Street address				NAME STREE	T ADDRESS	Judy	HE	end rick	so F	ruy#	6001	
CITY-ST-ZIP	ৰ				ST-ZIP	19 579	C ST		007	/	,	
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ITLE	····		☐ Delete	TITLE		SR V	P27/	1557 60	<u>207</u>	Change	☐ Addition	İ
IAME				NAME	+	rdst	``^``	orse.	ns F			ļ
TREET ADDRESS				STREET CITY-S	FADDRESS ST-ZIP	1957	5 St 109	Tx 75		ruy	0001	ı
1. I hereby c	ertify that the in	nformation supplied strue and accurate a	with this filing does not qualify for and that my signature shall have	he evem	Intion state	ed in Section at as if made	n 110 07(2)	(i) Elorido Statutos	l di mala an a anidi	y that the info	ormation of the	

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