LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001037

1. Entity Name

ASP MV, L.L.C.

FILED

02 JUL 11 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
13155 NOEL ROAD	13155 NOEL ROAD
Suite, Apt. #, etc.: SUITE 2400	Suite, Apt. #, etc.: SUITE 2400
City & State: DALLAS, TX	City & State: DALLAS, TX
Zip: 75240 Country: USA	Zip: 75240 Country: USA

4. FEI Number: 13-4025491 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLANDS ROAD

City: PLANTATION FL Zip Code: 33324-

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $61.25
Make Check Payable to: Department of State
DOES NOT INCLUDE $5.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ASP FINANCING, L.L.C.
STREET ADDRESS	13155 NOEL ROAD, SUITE 2400
CITY-ST-ZIP	DALLAS, TEXAS 75240
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CR2E083B (12/01)

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: Susan A. Vergenz SUSAN A. VERGENZ JULY 10, 2002 972-934-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #