

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000728

1. Entity Name

MEDITRUST ACQUISITION COMPANY LLC

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

197 FIRST AVENUE  
NEEDHAM MA 02494

Mailing Address

197 FIRST AVENUE  
NEEDHAM MA 02494

2. Principal Place of Business

909 Hidden Ridge  
Suite, Apt. #, etc.  
600

3. Mailing Address

P O Box 2636  
Suite, Apt. #, etc.

City & State

Irving, Tx  
Zip 75038 Country USA

City & State

San Antonio Tx  
Zip 78299-2636 Country USA

4. FEI Number

04-3465814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

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

700003996387-4  
-04/13/01--01027--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME BUSHEE, MICHAEL F  
STREET ADDRESS 197 FIRST AVENUE  
CITY-ST-ZIP NEEDHAM MA 02494

TITLE MGR ☒ Delete  
NAME BENJAMIN, MICHAEL  
STREET ADDRESS 197 FIRST AVE.  
CITY-ST-ZIP NEEDHAM MA 02494

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME John F. Schmutz  
STREET ADDRESS 909 Hidden Ridge Ste 600  
CITY-ST-ZIP Irving, Tx 75038

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

John F. Schmutz 3/28/01

214-492-6600

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

Date

Daytime Phone #

CR2E083 (11/00)