

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0026349 AF

DOCUMENT # M99000000803

1. Entity Name

NEW MEDITRUST COMPANY LLC

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

PO Box 2636  
Suite, Apt. #, etc.

City & State

Irving Tx

City & State

San Antonio Tx

Zip

75038

Country

USA

Zip

78299-2636

Country

USA

4. FEI Number

04-3465697

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

100003996421-7  
-04/13/01--01027--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

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

TITLE MGR  
NAME BENIAMIN, MICHAEL S  
STREET ADDRESS 197 FIST AVENUE  
CITY-ST-ZIP NEEDHAM MA 02494 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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 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)