

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001595

1. Entity Name

WEC 991-12 LLC

FILED

01 JUN 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

15601 N. DALLAS PARKWAY
SUITE 400
ADDISON, TEXAS 75001

Mailing Address

15601 N. DALLAS PARKWAY
SUITE 400
ADDISON, TEXAS 75001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-2850522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
A. BRANT BRYAN
15601 N. DALLAS PARKWAY, SUITE 400
ADDISON, TEXAS 75001

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JAMES C. LESLIE
15601 N. DALLAS PARKWAY, SUITE 400
ADDISON, TEXAS 75001

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP, SECRETARY, TREASURER
GREG L. ENGLAND
15601 N. DALLAS PARKWAY, SUITE 400
ADDISON, TEXAS 75001

☐ Delete

TITLE
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STREET ADDRESS
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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

APR 26 2001

Daytime Phone #