FILED

2002 UNIFORM BUSINESS REPORT (UBB)

DOCUMENT #P01000111137 1. Entity Name CORDOVA MALL FOOTACTION, INC.						Feb 28, 2002 8:00 am Secretary of State 02-28-2002 90049 021 ***150.00			
Principal Place of Business ONE CROSFIELD AVE WEST: NYACK NY 10994		Mailing Address ONE CROSFIELD AVE WEST NYACK NY 10994							
-	ACE OF BUSINESS	3. Mailing Address 7880 BEN 7	r BR	ANCH C	Σ Ι δ.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP.	ACE	
City & State	A-105	City & State				El Number		Apr	olied For
PENS	ACOLA FL				5	<u>9-315862</u>			Applicable
Zip Country 3 2504		75063 Count		У		ertificate of Status Desired	Fe	B.75 Addi e Required	
6. Name and Address of Current Registered Agent				Name		ame and Address of New Reg		ent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)					
TALL TO TO THE	, occ (C ocov) 2020			City			FL	Zip Code	·
8. The above	named entity submits this statement fo	or the purpose of changing its	s registere	d office or regis	stered age	ent, or both, in the State of Floric			
SIGNATURE _		·						- -	<u></u>
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered	Agent signature requ	ired when rei	nstating)	DATE		
Tax filing requirement and elects to do so. After May 1, 20			002 Fee v	FEE IS \$150.00 Fee will be \$550.00 to Department of State		 Election Campaign Finan Trust Fund Contribution. 	cing		May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	S IN 11
TITLE NAME	CSEE ATTA	CHED Delete	TITLE				[Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			2	[Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1	٠.		T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete		T ADDRESS ST-ZIP			(Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	ET ADDRESS			[Change	Addition
CHY-ST-ZIP TITLE NAME		. Delete	CITY- TITLE NAME	ST-ZIP			[Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			[Change	☐ Addition

13. Thereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIPMENCY L. WINTON SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHOCHMENT DOC # PO 100011132/504731

PRESIDENT R. SHAWN NEVILLE 575-84-8155

SR VICE-PRESIDENT LEE D. APPLBAUM 457-65-6124

VICE-PRESIDENT WARREN Z. COLTER 248-27-2179

VICE PRESIDENT/SECRETARY NANCY L. WINTON 484-82-6269

ASISSTANT SECRETARY MARY BETH WILSON 461-76-6141

ASSISTANT SECRETARY ANDREA GALANTE 462-45-2413

<u>DIRECTORS</u> R. SHAWN NEVILLE 575-84-8155

LEE D. APPLBAUM 457-65-6124

NANCY L. WINTON 484-82-6269

7880 BENT BRANCH DR., IRVING, TX., 75063 3825 MARQUETTE, UNIVERSITY PARK, TX 75225 (972) 501-5000

7880 BENT BRANCH DR., IRVING, TX., 75063 2217 IVAN STREET #919, DALLAS, TX 75201 (972) 501-5000

7880 BENT BRANCH DR., IRVING, TX. 75063 3835 GRANBURY DR., DALLAS, TX 75287 (972) 501-5300

7880 BENT BRANCH DR., IRVING, TX., 75063 2649 NEWCASTLE DR., CARROLLTON, TX 75007 (972) 501-5000

7880 BENT BRANCH DR., IRVING, TX., 75063 4000 PARKSIDE CENTER BLVD., #2705 FARMERS BRANCH, TX 75244 75244 (972) 501-5092

7880 BENT BRANCH DR., IRVING, TX., 75063 1220 OXFORD LANE, GRAPEVINE, TX 76051 (972) 501-5000

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