

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 91452 042 ***150.00
FILE P04977

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DOCUMENT # P04977

1. Entity Name
MANAGED ACCESS RISK CORPORATION



03 MAY 13 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7301 NORTH 16TH STREET, SUITE #201
PHOENIX AZ 85020
US

Mailing Address
7301 NORTH 16TH STREET, SUITE #201
PHOENIX AZ 85020
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1176288

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

~~NRAI Services, Inc.~~
Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ***Change of Registered Agent has already been filed in Florida

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

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BOGLE, GEORGE E
STREET ADDRESS 916 CAPITAL OF TEXAS HWY S
CITY-ST-ZIP AUTSTINE TX 78746 ☐ Delete

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Shirley Parks
STREET ADDRESS 7301 N. 16th Street, Suite 201
CITY-ST-ZIP Phoenix, AZ 85020

TITLE S
NAME SARA, WENDY
STREET ADDRESS 7301 N 16 ST #201
CITY-ST-ZIP PHOENIX AZ 85020 ☐ Delete

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Donna Smith
STREET ADDRESS 916 S. Capital of Texas Hwy.
CITY-ST-ZIP Austin, TX 78746

TITLE CFOT
NAME WEINBERGER, RICHARD
STREET ADDRESS 916 SOUTH CAPITAL OF TEXAS HIGHWAY
CITY-ST-ZIP AUSTIN TX 78746 ☐ Delete

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

TITLE VPD
NAME BOGLE, G. MICHAEL
STREET ADDRESS 7301 N 16 STREET #201
CITY-ST-ZIP PHOENIX AZ 85020 ☐ Delete

TITLE President ☒ Change ☐ Addition
NAME Bogle, G. Michael
STREET ADDRESS 7301 N. 16th Street, Suite 201
CITY-ST-ZIP Phoenix, AZ 85020

TITLE VP
NAME MILLS, KELLY
STREET ADDRESS 7301 N. 16TH ST., STE. 201
CITY-ST-ZIP PHOENIX AZ 85020 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* SECRETARY REQUIRED 4-22-01 602-371-3860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)