

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0612219 AT

DOCUMENT # P07612

1. Entity Name
KEYSTONE TEXAS, INC.

03-03-2002 90099 017 ***150.00

Principal Place of Business
2300 FIRST CITY BANK TOWER
201 MAIN STREET
FT. WORTH TX 76102

Mailing Address
2300 FIRST CITY BANK TOWER
201 MAIN STREET
FT. WORTH TX 76102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 MAIN STREET
 Suite, Apt. #, etc.
SUITE 2300

3. Mailing Address
201 MAIN STREET
 Suite, Apt. #, etc.
SUITE 2300

City & State
FORT WORTH, TX

City & State
FORT WORTH, TX

Zip Country
76102- USA

Zip Country
76102 USA

4. FEI Number **75-2025295** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCE J. TAYLOR CRANDALL 201 MAIN STREET, SUITE 2300 FORT WORTH TE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COTHAM, W- ROBERT 201 MAIN STREET FT. WORTH TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GREVE, JAMES 201 MAIN STREET FORT WORTH TX 76102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REESE, GARY W. 201 MAIN STREET FT. WORTH TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**

Certified Article Number

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. ROBERT COTHAM VICE PRESIDENT

2/5/02

817-390-8400

Daytime Phone #

CR2E034 (9/01)