トイプチョン なんと 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2000 8:00 am Secretary of State **DOCUMENT # P07613** 1. Entity Name THRU LINE INC. 02-28-2000 90176 041 ***150.00 Principal Place of Business Mailing Address 2300 FIRST CITY BANK TOWER 2300 FIRST CITY BANK TOWER 201 MAIN STREET 201 MAIN STREET OTDUTE FT. WORTH TX 76102-3105 FT. WORTH TX 76102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 75-2000569 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FŁ 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 DATE (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) × Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PD □ Delete TITLE Change ☐ Addition NAME BASS, E.P. NAME STREET ADDRESS STREET ADDRESS 201 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME COTHAM, W. ROBERT NAME STREET ADDRESS STREET ADDRESS 201 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX ---TITLE ☐ Delete TITLE Change Addition NAME NAME MEDARY, WILLIAM H. STREET ADDRESS STREET ADDRESS 201 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX Change ☐ Delete TITLE ☐ Addition TITLE NAME REESE, GARY W NAME STREET ADDRESS STREET ADDRESS 201 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP FT WORTH TX VAS Change ☐ Delete ☐ Addition TITLE TITLE GREVE, JAMES NAME NAME 201 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX VAS ☐ Delete TITLE Change ☐ Addition TITLE NAME HALLMAN, WILLIAM P. JR NAME

FT WORTH TX 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 grown and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director yue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

201 MAIN ST

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

817-390-8400

Daytime Phone #