

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90016 014 ***150.00

DOCUMENT # P07613

1. Entity Name
THRU-LINE INC.

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

3. Mailing Address
201 MAIN STREET

Suite, Apt. #, etc.
SUITE 2300

Suite, Apt. #, etc.
SUITE 2300

City & State
FORT WORTH, TX

City & State
FORT WORTH, TX

4. FEI Number
75-2000569

Applied For
 Not Applicable

Zip
76102

Country
USA

Zip
76102

Country
USA

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BASS, E.P.**
STREET ADDRESS **201 MAIN STREET**
CITY-ST-ZIP **FT. WORTH TX**

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

TITLE **VS** ☐ Delete
NAME **COTHAM, W. ROBERT**
STREET ADDRESS **201 MAIN STREET**
CITY-ST-ZIP **FT. WORTH TX**

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

TITLE **T** ☐ Delete
NAME **REESE, GARY W**
STREET ADDRESS **201 MAIN STREET**
CITY-ST-ZIP **FT WORTH TX**

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

TITLE **VAS** ☐ Delete
NAME **GREVE, JAMES**
STREET ADDRESS **201 MAIN STREET**
CITY-ST-ZIP **FT. WORTH TX**

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

TITLE **VAS** ☐ Delete
NAME **HALLMAN, WILLIAM P, JR**
STREET ADDRESS **201 MAIN ST**
CITY-ST-ZIP **FT WORTH TX**

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

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. ROBERT COTHAM VICE PRESIDENT

817-390-8400

Daytime Phone #

CR2E034 (9/01)