2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	IMENT # P0761	4			S	2 /, 200 ecretary 92-27-2002 90098	of St	ate	
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				1			
2. Principal Place of Business 201 MAIN STREET Suite, Apt. #, etc. SUITE 2300		3. Mailing Address 201 MAIN STREET Suite, Apt. #, etc. SUITE 2300			DO NOT WRITE IN THIS SPACE				
Zip Country		City & State FORT WORTH, TX Zip Country			FEI Number 7 Certificate of Sta	5-2024816 tus Desired		pplied For lot Applicable Iditional	
76102	USA		JSA	. **	== === -	. 	Fee Require	∍d	
	6. Name and Address of Current R	eyisterea Agent	Name	7. N	vame and Addr	ess of New Registered	Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
			City				Zip Cod	10	
	e named entity submits this statement for					FI	- -		
Tax filing requirement and elects to do so. After May 1 Make Check P			Registered Agent signature FEE IS \$150.00 Fee will be \$55 e to Department of	0.00 of State	10. Election (Trust Fun		Adde	00 May Be d to Fees	
11.	OFFICERS AND D		12.	AD	DITIONS/CHAN	IGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER STERLING 201 MAIN STREET, SUITE 2300 FORT WORTH TE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip	VD COTHAM, W. ROBERT 201 MAIN STREET FT. WORTH TX	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREVE, JAMES 201 MAIN STREET FT. WORTH TX	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, STEWART 201 MAIN STREET FORT WORTH TX 76102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE Name Street address City-St-Zip	T REESE, GARY W 201 MAIN S T. FT. WORTH TX	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Change	Addition	
 I hereby of indicated of the corp changed, 	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empoyor on an attachment with an address.	nis filing does not qualify for the use and accurate and that my ed to execute this report as h all other like empowered.	he exemption stated signature shall hav s required by Chapt	l in Section 1 e the same le er 607, Floric	19.07(3)(i), Flori egal effect as if i da Statutes; and	da Statutes. I further ce made under oath; that I that my name appears i	tify that the in am an officer n Block 11 or	nformation or director r Block 12 if	

SIGNATURE: Signation Certified Article Number

SIGHATURE REQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR W. ROBERT

817-390-8400 Daytime Phone #