

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90098 017 ***150.00

0612228 AT

DOCUMENT # P07614

1. Entity Name
LEE M. BASS, INC.

Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

201 MAIN STREET **201 MAIN STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 2300 **SUITE 2300**

City & State City & State

FORT WORTH, TX **FORT WORTH, TX**

Zip Country Zip Country

76102 **USA** **76102** **USA**

4. FEI Number Applied For

75-2024816 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VPF PETER STERLING 201 MAIN STREET, SUITE 2300 FORT WORTH TE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COTHAM, W. ROBERT 201 MAIN STREET FT. WORTH TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREVE, JAMES 201 MAIN STREET FT. WORTH TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, STEWART 201 MAIN STREET FORT WORTH TX 76102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REESE, GARY W 201 MAIN S T. FT. WORTH TX	<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
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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** **2/5/02** **817-390-8400**

Certified Article Number **PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **W. ROBERT COTHAM VICE PRESIDENT** Daytime Phone #

CRE034 (9/01)