

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90037 002 \*\*\*150.00

**DOCUMENT # P11754**

1. Entity Name  
**LA QUINTA REALTY CORP.**



Principal Place of Business  
**409 HIDDEN RIDGE  
SUITE 600  
IRVING TX 75038  
US**

Mailing Address  
**P.O. BOX 2636  
SAN ANTONIO TX 78299-3636  
US**



2. Principal Place of Business  
**909 Hidden Ridge**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 600**

Suite, Apt. #, etc.

City & State  
**Irving, TX**

City & State

Zip  
**75038**

Country

Zip

Country

4. FEI Number **74-2429152**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD CASH, FRANCIS W 909 HIDDEN RIDGE, SUITE 600 IRVING TX 75038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCT REA, DAVID L 909 HIDDEN RIDGE, SUITE 600 IRVING TX 75038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MICHEL, SANDRA K 909 HIDDEN RIDGE SUITE 600 IRVING TX 75038</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Francis W. Cash 909 Hidden Ridge, Ste 600 Irving, TX 75038</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V David L. Rea 909 Hidden Ridge, Ste 600 Irving, TX 75038</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVF/CEO Tallis, Alan L. 909 Hidden Ridge, Ste 600 Irving, TX 75038</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Bradtko, David P. 112 E. Pecan St. 12th FL. San Antonio, TX 78205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Williams, Scott V. 909 Hidden Ridge, Ste 600 Irving, TX 75038</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Flowers, Steven J. 909 Hidden Ridge, Ste 600 Irving, TX 75038</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David P. Bradtko - VP**

Date

Daytime Phone #

**4/22/03**

**210/302-6000**

CR2E034 (10/02)