2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE

FILED DOCUMENT # P12826 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name HINES CONSOLIDATED INVESTMENTS, INC. 04-27-2000 90111 033 ***150.00 Principal Place of Business Mailing Address 2800 POST OAK BLVD STE 5000 2800 POST OAK BLVD STE 5000 HOUSTON TX 77056-6123 HOUSTON TX 77056-3110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 76-0199975 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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, 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 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Change Addition TITLE ☐ Delete 1.7. 1.1. HINES, GERALD D. NAME STREET ADDRESS STREET ADDRESS 2800 POST OAK BOULEVARD CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX Addition ☐ Change ☐ Delete TITLE TITLE HARDIN, K. M. NAME NAME STREET ADDRESS 2800 POST OAK BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Addition Delete TITLE Change TITLE NAME SKLAR, LOUIS. NAME ~ .. STREET ADDRESS STREET ADDRESS 2800 POST OAK BLVD. CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX** Change ☐ Delete TITLE Addition TITLE NAME HUTCHENS, JEANINE E MAME STREET ADDRESS 2800 POST OAK BLVD, SUITE 5000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** Delete TITLE Change Addition TITLE NAME KRIST, CYNTHIA A STREET ADDRESS STREET ADDRESS 2800 POST OAK BLVD, SUITE 5000 CITY-ST-ZIP CITY-ST-ZIE HOUSTON TX ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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