

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22126**

1. Entity Name

LANDMARK ORGANIZATION INC.**FILED**
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90005 040 ***550.00

Principal Place of Business

Mailing Address

**1250 CAPITAL OF TEXAS
BUILDING 1, SUITE 100
AUSTIN TX 78746
US****1250 CAPITAL OF TEXAS
BUILDING 1, SUITE 100
AUSTIN TX 78746-6464
US**

DUU06111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1700 Rio Grande-4th Flr**1700 Rio Grande-4th Flr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Austin, TX 78701**Austin, TX 78701**

4. FEI Number

74-2386243

Applied For

Not Applicable

Zip

Country

78701**US**

Zip

Country

78701**US**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHULTZ, MARK	
STREET ADDRESS	1250 CAPITAL OF TEXAS, BLDG., 1, STE. 100	
CITY-ST-ZIP	AUSTIN TX	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark F. Schultz	
STREET ADDRESS	1700 Rio Grande-4th Floor	
CITY-ST-ZIP	Austin, TX 78701	

TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, DONNA	
STREET ADDRESS	1250 CAPITAL OF TEXAS, BLDG., 1, STE 100	
CITY-ST-ZIP	AUSTIN TX	

TITLE	Secretary-VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Jenkins	
STREET ADDRESS	1700 Rio Grande - 4th Floor	
CITY-ST-ZIP	Austin, TX 78701	

TITLE	V	<input type="checkbox"/> Delete
NAME	MATEJCIK, REGIS	
STREET ADDRESS	1250 CAPITAL OF TEXAS, BLDG. 1, STE 100	
CITY-ST-ZIP	AUSTIN TX	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.Senthil Kumar	
STREET ADDRESS	1700 Rio Grande-4th Floor	
CITY-ST-ZIP	Austin, TX 78701	

TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, DONNA	
STREET ADDRESS	1250 CAPITAL OF TEXAS, BLDG., 1, STE 100	
CITY-ST-ZIP	AUSTIN TX	

TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William D. Manly	
STREET ADDRESS	1700 Rio Grande - 4th Floor	
CITY-ST-ZIP	Austin, TX 78701	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Jenkins VP

Date

512-652-4000

Daytime Phone #

CR2E034 (9/99)