2001	UNIFORM	BUSINESS	REPORT	/URR
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FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # P29042** GREYSTONE COMMUNITIES, INC. 01-26-2001 90078 019 ***150.00 Principal Place of Business Mailing Address EROX CENTREXSUITE 2120X 222 West Las Colinas Blvd XFROXXFINTREX SUITEX 2150 222 West Las Colinas Blvd IRVING TX 75039 IRVING TX 75039 2. Principal Place of Business 3. Mailing Address <u>222 W. Las Colinas Blvd</u> 2100 Apt.#.etc. 222 w. Las Colinas Blvd 2500 Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Irving, TX 75-2306034 Irving, TX Not Applicable Zip 75039 Country Country \$8.75 Additional 5. Certificate of Status Desired USA 75039 USA 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 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE x Change Addition CD NAME LANAHAN, MICHAEL B. NAME STREET ADDRESS STREET ADDRESS 222 W. LAS COLINAS BLVD CITY-ST-ZIP CITY-ST-ZIP <u>irving tx</u> TITLE VTD XX Change ☐ Delete TITLE ☐ Addition PD NAME STEINHOFF, PAUL F. NAME STREET ADDRESS 222 W. LAS COLINAS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVING TX TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME WATSON, KIMBALL, S. NAME STREET ADDRESS 222 W. LAS COLINAS BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IRVING TX TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ANDREWS, MARK P. NAME STREET ADDRESS STREET ADDRESS 222 W. LAS COLINAS BLVD CITY-ST-ZIP CITY-ST-ZIP IRVING TX TITLE XX Delete TITLE XX Addition NAME SPOONER, JOHN C. NAME Janelle E. Wood STREET ADDRESS 222 W. LAS COLINAS BLVD STREET ADDRESS 222 W. Las Colinas Blvd. Suite 2100 CITY-ST-ZIP CITY-ST-ZIP IRVING TX Irving, TX 75039 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, RAYMOND D. NAME STREET ADDRESS 600 N. PEARL, STE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 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: (