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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR

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Feb 19, 2002 8:00 am DOCUMENT # **Secretary of State** P34522 1. Entity Name 02-19-2002 90093 005 ***150.00 CROWN STERLING MANAGEMENT, INC. Principal Place of Business Mailing Address DUUVAODJB 3210 BELT LINE ROAD 3210 BELT LINE ROAD SUITE 140 SUITE 140 DALLAS TX 75234 DALLAS TX 75234 HS IIS 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 75-2355880 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 C.T. CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 SO. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition NAME NAME SWEENEY, CHARLES M. STREET ADDRESS STREET ADDRESS 55 MERCHANT ST #1500 CITY-ST-ZIP CITY-ST-ZIP HONOLULU HI 96813 Addition TITLE ☐ Delete TITLE Change NAME GREENWALD, MICHAEL R. NAME STREET ADORESS STREET ADDRESS 3210 BELTLINE RD #140 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME RALPH, DOUGLAS A. STREET ADDRESS STREET ADDRESS 3210 BELTLINE RD #140 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 TITLE ☐ Defete TITLE Change Addition NAME NAME WOOLLEY, ROBERT E. STREET ADDRESS STREET ADDRESS 3210 BELTLINE RD #140 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ROCHE, CHRISTINE M STREET ADDRESS STREET ADDRESS 3210 BELT LINE ROAD CITY-ST-ZIP CITY-ST-ZIP DALLAS TX TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 applemental 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 his 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.

16/02

972-280-0300