

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90276 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P35564</b>			
1. Entity Name <b>MCNEIL INVESTORS, INC.</b>			
Principal Place of Business ATTN: LEGAL DEPARTMENT 13760 NOEL RD., SUITE 600, LB 70 DALLAS TX 75240		Mailing Address ATTN: LEGAL DEPARTMENT 13760 NOEL RD., SUITE 600, LB 70 DALLAS TX 75240-4364	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, ROBERT A	NAME	
STREET ADDRESS	13760 NOEL RD., #600, LB 70	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	CITY-ST-ZIP	
TITLE	DCOC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, CAROLE J	NAME	
STREET ADDRESS	13760 NOEL RD., #600, LB 70	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RON K	NAME	
STREET ADDRESS	13760 NOEL RD., #600, LB 70	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAMING, BRANDON K	NAME	
STREET ADDRESS	13760 NOEL RD., #600, LB 70	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHS, CAROL A	NAME	
STREET ADDRESS	13760 NOEL ROAD #600 LB70	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BARBARA	NAME	
STREET ADDRESS	13760 NOEL RD., SUITE 600, LB 70	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	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)(l), 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 another like empowered.

**SIGNATURE:** Barbara Smith, Sec. 1/4/00 (912) 448-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)