

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P37598**

1. Entity Name

OPERATOR SERVICE COMPANY

Principal Place of Business

5302 AVE Q
LUBBOCK TX 79412
US

Mailing Address

5302 AVE Q
LUBBOCK TX 79412
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2180408

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH BEACH PINE ISLAND ROADCity **PLANTATION**

FL

Zip Code **33324**

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]*W.E. FITZPATRICK
ASSISTANT SECRETARY

DATE

LS

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CDS	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL R.	
STREET ADDRESS	5302 AVE Q	
CITY-ST-ZIP	LUBBOCK TX	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SMITH, KIRK	
STREET ADDRESS	5302 AVE Q	
CITY-ST-ZIP	LUBBOCK TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTIGREW, VIRGIL B.	
STREET ADDRESS	10748 ST. LAZARE	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEALL, CHARLES	
STREET ADDRESS	535 COLONIAL PARK DR	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWK, ROBERT C.	
STREET ADDRESS	7585 SOUTH BISCAY	
CITY-ST-ZIP	AURORA CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Exhibit A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004462445	
STREET ADDRESS	-07/06/01--01065--014	
CITY-ST-ZIP	*****8 75 *****8 75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

310-282-9255
18061747-2474

Daytime Phone #

FILED

01 JUN 27 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
549485

DO NOT WRITE IN THIS SPACE

UCR2E034 (10/00)