## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2002 8:00 am Secretary of State

5/16/02

Daytime Phone #

Date

| DOCUN  1. Entity Name   | /ENT   | # P38363                              |  |                           |   |  | 05-24-2002 91  | •                              |                               |  |
|---|--|---------------------------------------|--|---------------------------|---|--|--|--------------------------------|-------------------------------|--|
| UDG,  | INC.   |                                       |  |                           |   |  |  |                                |                               |  |
| Γ   | OO N   | OT WRITE                              | IN THIS SE   | PAC                       | E   |  |  |                                | <del>-</del> .                |  |
| 2. Principal Place of Business<br>1621 18TH STREET  |  |                                       | 3. Mailing Address<br>233 S. WACKER DRIVE                  |                           |   |  |  |                                |                               |  |
| Suite, Apt. #, etc.<br>SUITE # 325  |  |                                       | Suite, Apt. #, etc.<br>SUITE 5450                          |                           |   |  | DÓ NOT WRITE IN THIS SPACE   |                                |                               |  |
| City & State<br>DENVER. CO  |  |                                       | City & State<br>CHICAGO. IL                                |                           |   | 4. 1   | 73-1299839   |                                | Applied For<br>Not Applicable |  |
| <sup>Zip</sup><br>80202   | Zip Country<br>30202 U.S.A.  |                                       | 60606-6306   | Cour<br><b>U</b> .        | S.A.  | 5. Certificate of Status Desired \$8.75 Address Require  7. Name and Address of Current Registered Agent |  |                                | <u> </u>                      |  |
|   |  |                                       |  |                           | Name C1   |  |  |                                |                               |  |
|   | D  | O NOT WI                              | RITE   |                           | Name CT CORPORATION  Street Address (P.O. Box Number is Not Acceptable) |  |  |                                |                               |  |
| IN THIS SP  |  |                                       | ACE  |                           | 1200 S. PINE ISLAND ROAD  |  |  |                                |                               |  |
| ,   |  |                                       | •  |                           | City PLA  | LANTATION FL Zip Code 33332  |  |                                |                               |  |
| 8. The above  | named enti   | y submits this statement for          | the purpose of changing its                                | register                  | ed office or regis  | itered aç  | gent, or both, in the State of Florida.  |                                |                               |  |
| SIGNATURE _   |  |                                       |  |                           |   |  |  |                                |                               |  |
| SIGNATURE _   | Signature, typed   | or printed name of registered agent a |  |                           | ed Agent signature requ   | lired when r   | reunstating) 46 DATE   |                                |                               |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, I Amended U Make Check Payable |  |                                       | 1, Fee<br>d UBR  | is \$550.00<br>is \$61.25 | itate   | 10. Election Campaign Financing<br>Trust Fund Contribution.  |  | \$5.00 May Be<br>Added to Fees |                               |  |
| 11.   |  | OFFICERS AND I                        | DIRECTORS  |                           | _   |  |  |                                | ·                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P Peter H. Dominick, Jr. 1621 18th Street, Suite 200 Denver, CO 80202                  |                                       |  |                           |   |  |  |                                |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>Ronald D. Armstrong<br>15950 North Dallas Parkway, Suite 325<br>Dallas, TX 75248 |                                       |  | 1                         | 1   |  |  |                                |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | T<br>Thomas R. Brauer<br>233 S. Wacker Dr., Suite 5450<br>Chicago, IL 60606            |                                       |  | 1                         |   | DO NOT WRITE   |  |                                |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>Rachel Zebrowski<br>Two West Second St. Suite 2350<br>Tulsa,OK 74103              |                                       |  | STI                       | LE<br>ME<br>REET ADDRESS<br>Y+ST+ŽIP                                    | IN THIS SPACE  |  |                                |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 2nd VP<br>E. Randal Johnson<br>1621 18th Street, Suite 200<br>Denver, CO 80202         |                                       |  | ST                        | LE<br>Me<br>REET ADDRESS<br>Y-ST-ZIP                                    |  |  | ,                              |                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | T-ZIP  |                                       |  | ST<br>CII                 | ME<br>REET AODRESS<br>IY-ST-ZIP   |  |  |                                |                               |  |
| indicated<br>of the co  | l on this rep<br>rooration or  |                                       | itrue and accurate and that<br>lowered to execute this rep | ort as re                 |   | er 607, F  | 119.07(3)(i), Florida Statutes, I further e legal effect as if made under oath; tha lorida Statutes; and that my name appe | ears in B                      |                               |  |

THOMAS R. BRAUER, TREASURER

See Page #2 of Two SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page #2 of Two

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| UI  |   |  | 33 KEFORI                                 | ,,,,                              |  | $\neg$   | 1-1-1  |  | -                                   |  |
|---|---|--|---|-----------------------------------|--|--|--|--|-------------------------------------|--|
| DOCUMENT # P38363 / (0/9/95   |   |  |   |                                   |  | 1  | 411ACHM  | 二人   | $\supset I$                         |  |
| UDG,  | INC.  | , 0  |   |                                   |  |  |  |  |                                     |  |
|   |   |  |   |                                   |  |  |  |  |                                     |  |
|   | DO N  | OT WRITE   | IN THIS SF                                | PAC                               | E                                      |  |  |  |                                     |  |
| Principal Place of Business     1621 18TH STREET  |   |  | 3. Mailing Address<br>233 S. WACKER DRIVE |                                   |  |  |  |  |                                     |  |
| Suite, Apt. #, etc.<br>SUITE # 325  |   |  | Suite, Apt. #, etc. SUITE 5450            |                                   |  |  | DO NOT WRITE IN THI  | S SPACE                                      | Applied For                         |  |
| City & State DENVER, CO   |   |  | City & State CHICAGO, IL Zip Country      |                                   |  |  | 73-1299839  Certificate of Status Desired  | \$8.75                                       | Not Applicable Additional           |  |
| 80202   |   |  |   | Ű.                                | S.A.                                   | 7. N   | quired   |  |                                     |  |
|   | r   | NO NOT W   | DITE                                      |                                   |  |  | RPORATION  |  |                                     |  |
|   | DO NOT WRITE<br>IN THIS SPACE   |  |   |                                   |  | ess (P.O. Box Number is Not Acceptable)              |  |  |                                     |  |
|   | 1   |  | AUL                                       |                                   |  | 00 S. PINE ISLAND ROAD<br>PLANTATION <b>FL</b> ାଞ୍ଜର |  |  | Code<br>33324                       |  |
| 8. The above  | named enti  | ty submits this statement for  | the purpose of changing its               | register                          |  |  | gent, or both, in the State of Florida.  | <u>-                                    </u> | 3324                                |  |
| SIGNATURE _   |   |  | ,   |                                   |  |  |  |  |                                     |  |
|   |   | d or printed name of registered agent a  | nd title if applicable. (NOT              |                                   | ed Agent signature r                   |  | reinslating) DAT   | Ī  |                                     |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Amended 4  Amended 4  Make Check Payable |   |  |   | 1, Fee<br>d UBR                   | is \$550.00<br>is \$61.25              |  | 10. Election Campaign Financing<br>Trust Fund Contribution.  |  | \$5.00 May Be<br>Added to Fees      |  |
| 11.   | р   | OFFICERS AND I   | DIRECTORS                                 | TiT                               | ı E                                    |  |  |  |                                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | RAME Raymond R. Kahl, Jr.  15950 North Dallas Parkway, Suite 325  Dallas, TX 75248    |  |   |                                   | ME<br>REET ADORESS<br>Y-ST-ZIP         |  |  |  | CROENAR (12)(A)                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NAME John M. Novack, Jr.<br>15950 North Dallas Parkway, Suite 325<br>Dallas, TX 75248 |  |   |                                   | 1                                      |  |  |  | 883                                 |  |
| TITLE<br>NAME   |   |  |   |                                   | ME.                                    |  |  |  |                                     |  |
| STREET ADDRESS  CITY-ST-JiP   |   |  |   |                                   | Y-ST-ZIP                               |  | DO NOT WRITE   |  |                                     |  |
| TITLE NAME STREET ADDRESS   | 1   |  |   | STI                               | me<br>Reet address                     |  | IN THIS SPA  | <b>ICE</b>                                   |                                     |  |
| CITY-ST-ZIP<br>TITLE  |   |  |   | TIT                               |  |  |  |  |                                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   | ST                                | ME<br>REET ADDRESS<br>IY-ST-ZIP        |  |  |  | -                                   |  |
| TITLE NAME STREET ADDRESS   |   |  |   | NA<br>ST                          | ile<br>Me<br>Reet address<br>IY+SI+ZIP |  |  |  |                                     |  |
| 13. I hereby indicated of the co attachme   | certify that to on this reportion of orthogonation of the cert with an a              | he information supplied with<br>or or supplemental report is<br>the receiver or trustee emp<br>address, with all other like en | npowered to execute the repo              | or the ex<br>my sign<br>ort as re | emption stated                         | pter 60% F   | n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; the Florida Statutes; and that my name app | icais in Di                                  | officer or director ock 11 or on an |  |
| SIGNAT  | TURE:   | SIGNATURE AND TYPELOR F  | PRINTER MAJNE OF SIGNING OFFICE           | R OR DIRE                         | CTOR                                   |  | Date   | Daytime Pi                                   | tione #                             |  |