

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90081 008 ***150.00

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DOCUMENT # P38363

1. Entity Name
UDG, INC.



Principal Place of Business
1621 18TH STREET, #325
DENVER CO 80202
US

Mailing Address
233 S. WACKER DRIVE
SUITE 5450
CHICAGO IL 60606-6306
US



2. Principal Place of Business
15950 N. Dallas Parkway

3. Mailing Address
15950 N. Dallas Parkway

Suite, Apt. #, etc.
325

Suite, Apt. #, etc.
325

City & State
Dallas, TX

City & State
Dallas, TX

Zip
75248

Country
USA

Zip
75248

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 73-1299839

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINIC, PETER H JR 1621 18TH STREET, SUITE #200 DENVER CO 80202	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMSTRONG, RONALD D 15950 N DALLAS PARKWAY, #325 DALLAS TX 75248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAUER, THOMAS R 233 S WACKER DRIVE, SUITE 5450 CHICAGO IL 60606	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEBROWSKI, RACHEL TWO W SECOND ST, SUITE 2350 TULSA OK 74103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP JOHNSON, E RANDAL 1621 18TH STREET, SUITE #200 DENVER CO 80202	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUENGER, DONALD C 400 GALLERIA PKWAY, SUITE #1400 ATLANTA GA 30339	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Donald C. Buenger 400 Galleria Parkway #1400 Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas R Brauer 233 S. Wacker Drive, Ste 5450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Secretary/D Raymond R. Kahl 15950 N. Dallas PKWY #325 Dallas, TX 75248	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John M. Novack Jr 15950 N. Dallas PKWY #325 Dallas, TX 75248	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Randall E Johnson 1621 18th Street, #200 Denver, CO 80202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 972.783.9242

Date

Daytime Phone #

CR2E034 (10/02)