

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 013 ***150.00

DOCUMENT # P92000007523	
1. Entity Name	
Winterville Genpar V, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5811 Beltline Road	3. Mailing Address 5811 Beltline Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dallas, TX	City & State Dallas, TX
Zip 75240	Country USA

4. FEI Number 59-3153929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name The Prentice-Hall Corporation System, Inc.
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
Suite 105
City Tallahassee
State FL
Zip Code 32301

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

TITLE D	NAME Krauss, Larry	TITLE	
STREET ADDRESS 5140 Yonge Street, #1525		NAME	
CITY-ST-ZIP Willowdale, Ontario, CA		STREET ADDRESS	
TITLE O	NAME Lee, Jack	TITLE	
STREET ADDRESS 5140 Yonge Street #1525		NAME	
CITY-ST-ZIP Willowdale Ontario, CA		STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 12, 2004

972-788-0999