2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 04, 2000 8:00 am Secretary of State DOCUMENT # P93000044499 1. Entity Name BALLENISLES COUNTRY CLUB MANAGEMENT, INC. 05-04-2000 90186 006 ***150.00 Mailing Address Principal Place of Business C/O TAX DEPARTMENT C/O TAX DEPARTMENT P.O. BOX 819087 P.O. BOX 819087 000000 DALLAS TX 75381-9087 DALLAS TX 75381-9087 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75-2491571 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 . 🗆 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME HINCKLEY, JAMES NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY SUITE 500 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME LUPTON, JACK STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY SUITE 500 CITY-ST-7IP CITY-ST-ZIP DALLAS TX ☐ Addition Delete TITLE ☐ Change TIŤI F NAME RISCIGNO, JIM NAME STREET ADDRESS 3030 LBJ FREEWAY SUITE 500 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DALLAS TX 75234 ☐ Change ☐ Addition Delete TITLE TITLE NAME TAYLOR, TERRY NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Aylor 1-17-2000