2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State DOCUMENT # P93000044499 1. Entity Name 05-22-2002 90120 044 ***150 00 BALLENISLES COUNTRY CLUB MANAGEMENT, INC. Principal Place of Business Mailing Address C/O TAX DEPARTMENT C/O TAX DEPARTMENT P.O. BOX 819087 P.O. BOX 819087 DALLAS TX 75381-9087 DALLAS TX 75381-9087 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Apt. #, etc DO NOT WRITE IN THIS SPACE D507 TAX City & State City & State 4. FEI Number Applied For 75-2491571 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition NAME HOWE, DOUGLAS NAME STREET ADDRESS 3030 LBJ FREEWAY SUITE 500 STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LUPTON, JACK NAME STREET ADDRESS 3030 LBJ FREEWAY SUITE 500 STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME HENSLEE, THOMAS STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK LUPTON 1-14-02 922-243-614

Date Daytime Phone #