2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

1. Entity Name CLUBCORP GRAPHICS, INC.

P94000083561



Principal Place of Business Mailing Address 3001 COUNTRYSIDE BLVD. P.O. BOX 819087 CLEARWATER FL 34621 C/O TAX DEPT DALLAS TX 75381 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-2570324 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 City 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Oelete TITLE Change ☐ Addition NAME HINCKLEY, JAMES M. NAME OUGLAS JOWE STREET ADDRESS 3030 LBJ #700 STREET ADDRESS 3030 LBJ FRWY. CITY-ST-ZIP DALLAS TX CITY-ST-ZIP VPD ☐ Delete TITLE Change ■ Addition DEVITZ, ROBERT NAME NAME STREET ADDRESS 3030 LBJ #700 STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition POWER, KEVIN NAME NAME STREET ADDRESS 3030 LBJ FRWY STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENSLEE, THOMAS NAME NAME 3030 LBJ FRWY STREET ADDRESS STREET ADDRESS DALLAS TX 75234 CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

1/10/03 972-243-6191 Date Daytime Phone #

FILED

04-07-2003 90965 026 ***150.00

Apr 07, 2003 8:00 am \$ Secretary of State .