

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90063 036 \*\*\*150.00

**DOCUMENT # P95000045792**

1. Entity Name

**CHC REIT LESSEE CORP.**

Principal Place of Business

**1950 STEMMONS FREEWAY  
SUITE 6001  
DALLAS TX 75207  
US**

Mailing Address

**1950 STEMMONS FREEWAY  
SUITE 6001  
DALLAS TX 75207  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0603679**

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

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CARREKER, JAMES D	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENTLEY, LESLIE V	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, LAWRENCE S	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, CARLA S	
STREET ADDRESS	1950 STEMMONS FREEWAY, #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Kleisher	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	COO & Exec VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Teng	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas Tx 75207	
TITLE	CFD & Exec VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Smith	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	SR VP & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Hendrick	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas Tx 75207	
TITLE	SR VP & Asst Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Bohlmann	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	SR VP & Asst Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Morse	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

2148631000

Daytime Phone #

CR2E034 (10/00)