

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90124 042 \*\*\*150.00

**DOCUMENT # P95000045792**

Entity Name

**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 & State

City & State

**4. FEI Number 65-0603679**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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. 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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **CEOP**  
STREET ADDRESS **KLEISHER, FRED**  
CITY-ST-ZIP **1950 STEMMONS FREEWAY, #6001  
DALLAS TX 75207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **COOV**  
STREET ADDRESS **TENG, TED**  
CITY-ST-ZIP **1950 STEMMONS FREEWAY, #6001  
DALLAS TX 75207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **CFOV**  
STREET ADDRESS **SMITH, RICK**  
CITY-ST-ZIP **1950 STEMMONS FREEWAY, #6001  
DALLAS TX 75207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SVPT**  
STREET ADDRESS **HENDRICK, JUDY**  
CITY-ST-ZIP **1950 STEMMONS FREEWAY, #6001  
DALLAS TX 75207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VPAS**  
STREET ADDRESS **BOHLMANN, JOHN**  
CITY-ST-ZIP **1950 STEMMONS FREEWAY #6001  
DALLAS TX 75207**

TITLE ☐ Change ☒ Addition  
NAME **VP/ Secretary**  
STREET ADDRESS **Mark Chloupek**  
CITY-ST-ZIP **1950 Stemmons Frwy #6001  
Dallas, Tx 75207**

TITLE ☒ Delete  
NAME **VPAS**  
STREET ADDRESS **MORSE, JOHN**  
CITY-ST-ZIP **1950 STEMMONS FREEWAY #6001  
DALLAS TX 75207**

TITLE ☐ Change ☒ Addition  
NAME **VP/ Asst Secretary**  
STREET ADDRESS **Philip Bosch**  
CITY-ST-ZIP **1950 Stemmons Frwy #6001  
Dallas, Tx 75207**

**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.**

**SIGNATURE:**

*Judith M. Ducek* **VP/Treasurer 1-24-03 214 863 1052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)