## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P95000045796 1. Entity Name CHC REIT MANAGEMENT CORPORATION 05-14-2001 90009 031 \*\*\*150.00 Principal Place of Business Mailing Address 1950 STEMMONS FREEWAY 1950 STEMMONS FREEWAY STE 6001 STE 6001 DALLAS TX 75207 DALLAS TX 75207 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0603682 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PELTZ. ARVIN Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET SUITE 500 MIAMI FL 33133 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. \* President CEO Delete TITLE Kleisner Carreker, James D NAME NAME STREET ADDRESS 1950 STEMMQNS FRWY #6001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75207 **√** Change TITLE TITLE BENTLEY, LESLIE V NAME NAME mmons Frex STREET ADDRESS 1950 STEMMONS FRWY #6001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75207 TITLE TITLE NAME MORELAND, CARLA S NAME STREET ADDRESS 1950 STEMMONS FRWY #6001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -Dallas TX 75207 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(a)(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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 2148131000

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FILED