

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90500 005 ***150.00

0027465

DOCUMENT # P97000076588

1. Entity Name

11095 VIKING, INC.

Principal Place of Business
1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE FL 32308

Mailing Address
1801 HERMITAGE BLVD., STE. 600
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3465691**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD., STE. 100
TALLAHASSEE FL 32308

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	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, BRUCE G	
STREET ADDRESS	335 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAT	<input checked="" type="checkbox"/> Delete
NAME	GOOD, LUANNE K	
STREET ADDRESS	1801 HERMINGTON BLVD., #600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, CHARLES	
STREET ADDRESS	335 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LATIMER, STEPHEN P	
STREET ADDRESS	335 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne M. Gray	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Andrews Smith	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Daley	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Faraldo	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, Tx 75231	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regina Weaver	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark E. Gerigk	
STREET ADDRESS	8750 N. Central Expressway, Suite 800	
CITY-ST-ZIP	Dallas, TX 75231	

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: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **3/12/01**

Date

850/488-4406 *[initials]*

Daytime Phone #

CR2E034 (10/00)

