2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000024576** May 05, 2000 8:00 am Secretary of State QUESTAR SOUTH CHICAGO, INC. 05-05-2000 90077 012 ***150.00 Principal Place of Business Mailing Address 2200 ROSS AVENUE, #3600 2200 ROSS AVENUE. #3600 DALLAS TX 75201 DALLAS TX 75201-2776 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3520524 Not Applicable Zip Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DICEO Change TITLE Delete TITLE MARK LWAGAR STANLEY, PAUL M NAME NAME Ross AVE., SwITE 3600 STREET ADDRESS STREET ADDRESS 15438 N FLORIDA AVE, SUITE 200 DALLAS, T CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** President, coo Change 🗘 Delete TITLE MARK S. MARTIN NEWKIRK, THOMAS R NAME NAME 2200 Ross Ave., Suite 3600 STREET ADDRESS STREET ADDRESS 15438 N FLORIDA AVE, SUITE 200 CITY-ST-ZIP DAKLAS, TX CITY-ST-ZIP **TAMPA FL 33613** (X) Change Addition D. SECRETARY ☐ Delete TITLE NAME PACIL M. JOLAS NAME 2200 Ross Ave Suits 3600 ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALAS, TL 75201 TREASURER CITY-ST-ZIP Change Addition Addition ☐ Delete TITLE DAVID W. YOUNG NAME 2200 Ross Ave., Swite 3600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP π Dauts. ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANGEOF SIGNING OFFICER OPPORTED TOR

CITY-ST-ZIP

SIGNATURE:

4/14/2000

214-303-2776

Daytime Phone #