2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # **P98000024576** 1. Entity Name QUESTAR SOUTH CHICAGO, INC. 05-03-2001 90073 012 ***150.00 Principal Place of Business Mailing Address 2200 ROSS AVENUE. #3600 2200 ROSS AVENUE. #3600 DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3520524 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DCE0 TITLE Delete TITLE ☐ Change Addition NAME STANLEY, PAUL M NAME MARK L. WAGAR STREET ADDRESS 15438 N FLORIDA AVE, SUITE 200 STREET ADDRESS 2200 Ross Ave., Suite 3600 CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33613** DALLAS, TY 75201 TITLE Delete ☐ Change TITLE NAME NEWKIRK, THOMAS R NAME MARK S. MARTIN STREET ADDRESS 15438 N FLORIDA AVE, SUITE 200 STREET ADDRESS 2200 RDSS AUG., SWUTE 3600 DAMAS, TO 25201 CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33613 **Addition** ☐ Delete NAME NAME. PAUL: M. JOLAS STREET ADDRESS STREET ADDRESS 2200 ROSS AVE, SUITE 3600 CITY-ST-ZIP CITY-ST-ZIP DAUAS, TO 7.50201 CEO VA TITLE ☐ Delete TITLE ☐ Change Addition SAMI ABBASI NAME NAME 2200 Ross Ave., Suite 3600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS, TO 75201 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTO