## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000046699 May 05, 2000 8:00 am 1. Entity Name Secretary of State **QUESTAR QUAKERTOWN, INC.** 05-05-2000 90077 014 \*\*\*150.00 Mailing Address Principal Place of Business 2200 ROSS AVENUE. #3600 2200 ROSS AVENUE, #3600 DALLAS TX 75201-2776 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3520532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. MARK LW AGAL Change M Addition TITLE Delete TITLE NAME STANLEY, PAUL M NAME 2200 Ross Ave., Suite 3600 STREET ADDRESS STREET ADDRESS 15438 NORTH FLORIDA AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TP 75201 **TAMPA FL 33613** PRES.: COD M Addition TITI F Change Change Delete TITLE MARK S. MARTIP **NEWKIRK, THOMAS R** NAME NAME ZZDO ROSS AVEYSUITE 3600 STREET ADDRESS STREET ADDRESS 15438 NORTH FLORIDA AVENUE, SUITE 200 CITY-ST-ZIP DALLASITY 75201 CITY-ST-ZIP **TAMPA FL 33613** Addition Change ☐ Delete TITLE TITLE PAUL M. JOLAS. 2200 Rock NE. SuiTE 3600 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP DALLAS, D 75201 CITY-ST-ZIP VP , TREAS Change Addition Addition ☐ Delete TITLE NAME DAVID W. Yourda 2200 ROSE AVE. SUITE 3600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAWAS, TC 75201 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 truetge 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 andress, with all other like empowered.

SIGNATURE

AUID W. YOUNG UPFINANCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGN G OFFICER OR DIRECTOR