2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2003 8:00 am Secretary of State

DOCUMENT # P98000054603 1. Entity Name SANKATY GROUP, INC.						05-14-2003 901	42 048 ***150).00	
Principal Place of Business Mailing Address									
9821 KATY FREEWAY 9821 KATY F			TY FREEWAY						
800 Houston, T)	x 77024 US	800 Houston, TX 77024			Ì				
							N 88181 BINS BIBLE 1811		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State				4. FEI Number 59-3519593	├ ─ ┼	pplied For of Applicable	
Zip Country		Zip Countr		try	5. Certificate of Status Desired		□ \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Reg	<u>-</u> -		
905 SHADE	GEOFFREY T ESQ ED WATER WAY	÷	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
LUTZ, FL 33549									
						- · · · · · · · · · · · · · · · · · · ·			
				City ुं हुई FL Zip Code			de		
B. 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. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE									
and the second	FILE NOW!!! FEE IS \$150.00						`	in in	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				•		Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND [DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
TITLE	P	☐ Delete	1111)			🔀 Change	Addition	
NAME STREET ADDRESS	ANDERSON, BRADLEY S 2100 S. GESSNER RD. #1403		NAM	E Et addréss	2 21	4 Walnut Bond Ln.			
CITY-ST-ZP	HOUSTON, TX 77063		H -	-\$1-21P		uston TX 77042		Addition	
7/11/6	۵	☐ Delete	1010			314K [] [[[] [] [M Change	Addition	
NAME	MCGRATH, JOHN M		NAM	1		. A1.			
STREET ADDRESS	P.O. BOX 979	g g		ET ADDRESS					
CITY-ST-ZIP	SHEPHERDSTOWN, WV 25443			-S1-2IP	_ <u></u>	epherdstown WV 2544		T Marian	
TITLE NAMÉ	PATIBANDLA, ANIL K	☐ Delete	TITLE NAME	,			X Change	☐ Addition	
STREET ADDRESS	13673 LEGACY CIRCLE APT # F		Ч	ET ADDRESS	12	815 Poplar Creek Dr.		j	
C11Y-S1-ZIP	HERNDON, VA 20171		CITY	- ST - ZIP	Fai	irfax va 22033			
TITLE	٥	☐ Delete	1916	, ,			X Change	☐ Addition	
NAME	NEMANI, MOHAN B 6606 PINNACLE HTS CR. #207		NAM			-2 () () (
STREET ADDRESS CITY+ST-2P	TAMPA, FL 33624		19	et address -St-Zip	73 CI	133 Feather Sound Dr Learwater FL 33762	# 6503	}	
TITLE		☐ Delete	1111		=ı		☐ Change	Addition	
NAME			NAM					1	
STREET ADDRESS CITY-ST-ZIP			JJ	ET ADDRESS - ST - ZIP		. 1		}	
TITLE	<u></u>		TITLE				☐ Channe	- Addition	
NAME		Dente	NAM	l l			, — brande	- vacation	
STREET ADDRESS	· .	•	jj	E1 ADDRESS				• •	
CITY-ST-ZIP	<u> </u>			-ST-2IP			· · ·		
12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									