> \ 2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State P98000070629 **DOCUMENT #** 1. Entity Name 05-02-2002 90145 002 ***150.00 QUESTAR HENDERSON, INC. Mailing Address Principal Place of Business 2200 ROSS AVENUE 2200 ROSS AVENUE **SUITE 3600 SUITE 3600** TALLAHASSEE FL 75201 DALLAS TX 75201 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3527959 Not Applicable \$8.75 Additional Country Zio Country Zip 5. 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 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) 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, 2002 Fee will be \$550.00 . Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.9 ☐ Addition ☐ Change TITLE CEOD ☐ Delete TITLE NAME WAGAR, MARK L NAME STREET ADDRESS STREET ADDRESS 2200 ROSS AVENUE, #3600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 75201 ☐ Addition ☐ Change ☐ Delete TITI E TITLE COOP NAME MARTIN, MARK S STREET ADDRESS STREET ADDRESS 2200 ROSS AVENUE, #3600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 75201 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SD JOLAS, PAUL M NAME STREET ADDRESS 2200 ROSS AVENUE, #3600 STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TALLAHASSEE FL 75201 ☐ Change Addition ☐ Delete TITLE CF₀ TITLE NAME NAME ABBASI, SAMI STREET ADDRESS STREET ADDRESS 2200 ROSS AVENUE, #3600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 75201 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

FILED

April 15, 2002 214-303-2776
Date Dayline Phone #

SIGNATURE:

changed, or on an attachment with

an address, with all other like empowered.

NATURE AND TYPES OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam: