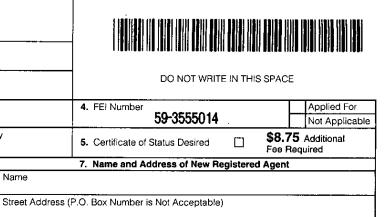
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000103912 1. Entity Name QUESTAR LINCOLN, INC. Principal Place of Business Mailing Address 2200 ROSS AVENUE. #3600 2200 ROSS AVENUE. #3600 DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt..#, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent NRAI SERVICES, INC.

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90166 007 ***150.00



Zip Code

					• • !	
8. The above	named entity submits this statement for th	e purpose of changing its re	gistered office or registe	red agent, or both, in the State	of Florida.	
, SIGNATURE .	Signature, typed or printed name of registered agent and to	itle if applicable (NOTE: R	Registered Agent signature require	d when reinstating?	DATE	
		(NOTE: N	negistereo Agent signatura raquira	u witer remotating)		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaig Trust Fund Contril	·	55.00 May Be added to Fees
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO	OFFICERS AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WAGAR, MARK L 2200 ROSS AVE., SUITE 3600 DALLAS TX 75201	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	inge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MARTIN, MARK S 2200 ROSS AVE., SUITE 3600 DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOLAS, PAUL M 2200 ROSS AVE., SUITE 3600 DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🗔 Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV ABASSI, JAMI 2200 ROSS AVE., SUITE 3600 DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , ,	☐ Cha	nge 🗀 Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Chai	nge 🔲 Addition

City

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.

SIGNATURE:

526 EAST PARK AVENUE TALLAHASSEE FL 32301

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

April

214-303-2776

Daytime Phone #