## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000048187 1. Entity Name QUESTAR HFMC, INC. 05-03-2001 90955 040 \*\*\*150.00 Mailing Address Principal Place of Business 2200 ROSS AVENUE. #3600 2200 ROSS AVENUE. #3600 DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 36-2439318 Not Applicable \$8.75 Additional Zip Country Zip Country .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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 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. **Addition** DLEO TITLE TITLE n Delete MARK L. WAGAR NAME NAME STANELY, PAUL M 2200 Ross Ave., Swite 3600 STREET ADDRESS STREET ADDRESS 15438 N. FLORIDA AVE. STE. 200 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** Change Addition Delete TITLE TITLE MARK S. MARTIN NAME NAME NEWKIRK, THOMAS R 2200 ROSS AVE., SLITE 3600 STREET ADDRESS STREET ADDRESS 15438 N. FLORIDA AVE. STE. 200 CITY-ST-ZIP\_ DAUAS, TY-75201 CITY-ST-ZIP TAMPA:FL-33613 --- ----Change Addition RAP TITLE Delete TITLE NAME PAUL M. JOLAS NAME 200 ROSS AVE, SUITE 3600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALLAS, TX 75201 CITY-ST-ZIP CFO UP **Change** X Addition TITLE Delete TITLE NAME SAMI ASSAS1 NAME 2200 ROSS AVE., SuITE 3600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TV 75201 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AMONTYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT