

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-16-2003 90139 003 ***108.75

FILE P99000102402
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 23 AM 10:15

DOCUMENT # P99000102402

1. Entity Name
LARGAM, INC.



Principal Place of Business
1717 MAIN STREET
59TH FLOOR
DALLAS TX 75201
US

Mailing Address
1717 MAIN STREET
59TH FLOOR
DALLAS TX 75201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2855106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUILDER, J. LINDSAY JR
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SAADA, JEAN-CLAUDE
STREET ADDRESS 1717 MAIN STREET 59TH FLOOR
CITY- ST- ZIP DALLAS TX 75201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TS
NAME BARNES, DENNIS
STREET ADDRESS 1717 MAIN ST, 59TH FLOOR
CITY- ST- ZIP DALLAS TX 75201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 individual authorized 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.

SIGNATURE:

SIGNATURE REQUIRED

4-29-03 24/871-7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)

6/23
aw