

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91334 027 ***158.75

DOCUMENT # F00000003368

1. Entity Name
HBS BILLING SERVICES COMPANY

Principal Place of Business 4242 MEDICAL DRIVE, STE 2100 SAN ANTONIO TX 78229	Mailing Address 4242 MEDICAL DRIVE, STE 2100 SAN ANTONIO TX 78229
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 74-2951759	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOX, HAROLD		NAME		
STREET ADDRESS	4242 MEDICAL DR., STE 2100		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, MICHAEL W		NAME		
STREET ADDRESS	4242 MEDICAL DR., STE 2100		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEHSEL, MERCEDES		NAME		
STREET ADDRESS	190 S. LASALLE ST., STE 1710		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, SCOT		NAME		
STREET ADDRESS	190 S. LASALLE ST., STE 1710		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYNES III, PATRICK J		NAME		
STREET ADDRESS	190 S. LASALLE ST., STE 1710		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Harold Box *Harold Box* **1-23-01** **210-593-0222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)