

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91191 011 \*\*\*150.00

**DOCUMENT # F0000006598**

1. Entity Name

**CALUMET SECURITIES CORPORATION**

**A0071741**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2901 DALLAS PKWY STE 100 PLANO TX 75093	Mailing Address 2901 DALLAS PKWY STE 100 PLANO TX 75093
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2. Principal Place of Business <del>16633 Dallas Pkwy</del> <i>2595 Dallas Pkwy</i>	3. Mailing Address <del>16633 Dallas Pkwy</del> <i>2595 Dallas Pkwy</i>
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Suite, Apt. #, etc. Suite 600 403	Suite, Apt. #, etc. Suite 600 403
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City & State <del>Addison, TX</del> <i>Frisco, TX</i>	City & State <del>Addison, TX</del> <i>Frisco, TX</i>
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Zip <del>75001</del> <i>75034</i>	Country USA	Zip <del>75001</del> <i>75034</i>	Country USA
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4. FEI Number <b>35-0210860</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUY, BERNARD A 2901 DALLAS PKWY, STE 100 PLANO TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Baca, Ronald R. <del>16633 Dallas Pkwy, Suite 600</del> <i>2595 Dallas Pkwy Suite 403</i> <del>Addison, TX 75001</del> <i>Frisco, TX 75034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ontiveros, Nicola P <del>16633 Dallas Pkwy, Suite 600</del> <i>2595 Dallas Pkwy Suite 403</i> <del>Addison, TX 75001</del> <i>Frisco, TX 75034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am the officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/30/2001*  
 Daytime Phone #: *972-688-9222*

CR2E034 (10/00)