

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90083 028 ***150.00

0568867

DOCUMENT # F98000004167
 1. Entity Name
HALL APARTMENT ADVISORS, INC.

Principal Place of Business 2595 DALLAS PKWY 300 FRISCO TX 75034 US	Mailing Address 2595 DALLAS PKW 300 FRISCO TX 75034
---	--

00040574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6801 Gaylord Parkway	3. Mailing Address 6801 Gaylord Parkway
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Frisco, TX 75034	City & State Frisco, TX 75034

4. FEI Number 75-2627024	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

Zip 75034	Country USA	Zip 75034	Country USA
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 _____ 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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME DEPKER, MARK	
STREET ADDRESS 2595 DALLAS PKWY / STE 300	
CITY-ST-ZIP FRISCO TX 75034	
TITLE S	<input type="checkbox"/> Delete
NAME CARLSON, JANET K	
STREET ADDRESS 2595 DALLAS PKWY /STE 300	
CITY-ST-ZIP FRISCO TX 75034	
TITLE D	<input type="checkbox"/> Delete
NAME HALL, CRAIG	
STREET ADDRESS 2595 DALLAS PKWY/STE 300	
CITY-ST-ZIP FRISCO TX 75034	
TITLE V	<input type="checkbox"/> Delete
NAME BRAUN, DONALD L	
STREET ADDRESS 2595 DALLAS PKWY / STE 300	
CITY-ST-ZIP FRISCO TX 75034	
TITLE VP	<input type="checkbox"/> Delete
NAME LEVEY, LARRY E	
STREET ADDRESS 2595 DALLAS PKWY / STE 300	
CITY-ST-ZIP FRISCO TX 75034	
TITLE V	<input type="checkbox"/> Delete
NAME HARRIS, MASTEN L	
STREET ADDRESS 2595 DALLAS PKWY / STE 300	
CITY-ST-ZIP FRISCO TX 75034	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEPKER, MARK	
STREET ADDRESS 6801 GAYLORD PARKWAY, SUITE 100	
CITY-ST-ZIP FRISCO, TX 75034	
TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVEY, LARRY E.	
STREET ADDRESS 6801 GAYLORD PARKWAY, SUITE 100	
CITY-ST-ZIP FRISCO, TX 75034	
TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, CRAIG	
STREET ADDRESS 6801 GAYLORD PARKWAY, SUITE 100	
CITY-ST-ZIP FRISCO, TX 75034	
TITLE Exec. VP & Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUN, DONALD L.	
STREET ADDRESS 6801 GAYLORD PARKWAY, SUITE 100	
CITY-ST-ZIP FRISCO, TX 75034	
TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVEY, LARRY E.	
STREET ADDRESS 6801 GAYLORD PARKWAY, SUITE 100	
CITY-ST-ZIP FRISCO, TX 75034	
TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, MASTEN L.	
STREET ADDRESS 6801 GAYLORD PARKWAY, SUITE 100	
CITY-ST-ZIP FRISCO, TX 75034	

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: Mark Depker Date: **3/27/01** Daytime Phone #: **972-377-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)