

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90090 017 \*\*\*150.00

**DOCUMENT # F99000004491**

1. Entity Name

I 3S, INC.

Principal Place of Business

1440  
~~1400~~ CORPORATE DRIVE  
 IRVING TX 75038

Mailing Address

1440  
~~1400~~ CORPORATE DRIVE  
 IRVING TX 75038-2420

2. Principal Place of Business

1440 Corporate Dr

Suite, Apt. #, etc.

3. Mailing Address

1440 Corporate Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~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

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

(NOTE: 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!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	PRICE, JAMES R	
STREET ADDRESS	<del>1400 CORPORATE DRIVE</del> 1440 Corporate Dr	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUTCHINS, MATT	
STREET ADDRESS	<del>1400 CORPORATE DRIVE</del> 1440 Corporate Dr	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, CHARLES BO	
STREET ADDRESS	<del>1400 CORPORATE DRIVE</del> 1440 Corporate Dr	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, CLAY C JR.	
STREET ADDRESS	<del>1400 CORPORATE DRIVE</del> 1440 Corporate Dr	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GILLET, DAN	
STREET ADDRESS	<del>1400 CORPORATE DRIVE</del> 1440 Corporate Dr	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DOBBINS, GARY	
STREET ADDRESS	<del>1400 CORPORATE DRIVE</del> 1440 Corporate Dr	
CITY-ST-ZIP	IRVING TX 75038	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Unangst Richard	
STREET ADDRESS	1440 Corporate Dr	
CITY-ST-ZIP	Irving TX 75038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Richard Unangst RICHARD UNANGST 3/7/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)