2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000031380 Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** FACILITY DEVELOPMENT CORPORATION 02-23-2000 90023 039 ***150.00 Principal Place of Business Mailing Address -1999-WEST-LOOP SOUTH ONE ENTERPRISE WEST SANDERSON FL 32087 - 3TE -055 --HOUSTON-TX-77027-3202 HS 3. Mailing Address 2. Principal Place of Business 5627 FM 1960 WEST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2287668 touston Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 77069-4200 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE KING, BARRY I NAME 5627 FM 1960, Wast, Ste J NAME STREET ADDRESS 1900 W-LOOP-30-STE-655 STREET ADDRESS CITY-ST-ZIP HOUSTON, Tx 77069-4200 CITY-ST-ZIP HOUSTON TX 77027 ☐ Addition TITLE ☐ Delete TITLE TIDHOLM, DAVID NAME 5627 Fm 960 WOST, Ste J HOUSTON, Tx 77069-4200 NAME STREET ADDRESS -1900 W LOOP-SO STE 655 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77027 TITLE ☐ Delete TITLE NAME 27 FM 1960 WEST, STE J NAME STREET ADDRESS STREET ADDRESS Tx 77069-4200 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attact them 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 attact the proposed of the corporation of the corpora

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO