

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001414

1. Entity Name

HAMPDEN RIDGE CORPORATION

FILED

00 SEP 29 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business THE SINCLAIR BLDG 512 MAIN STREET, 14TH FL FORT WORTH TX 76102	Mailing Address THE SINCLAIR BLDG 512 MAIN STREET, 14TH FL FORT WORTH TX 76102-3309
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2. Principal Place of Business 512 MAIN STREET	3. Mailing Address 512 MAIN STREET
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Suite, Apt. #, etc. SUITE 1011	Suite, Apt. #, etc. SUITE 1011
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City & State FORT WORTH, TX	City & State FORT WORTH, TX
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Zip 76102	Country UNITED STATES	Zip 76102	Country UNITED STATES
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4. FEI Number 98-0183080	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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 fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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



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 NAME STREET ADDRESS CITY-ST-ZIP	PCD AUTREY, GABRIELA CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUTREY, JORGE H CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUTREY, LORENZA CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUTREY, ZITA L CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AUTREY, ANTONIA G CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT AUTREY, JOSE L CAMPOS ELISEOS NO 1 PISO 10 COLONIA POLANCO MEXICO <input type="checkbox"/> Delete

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
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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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-00

Date

817-332-6400

Daytime Phone #

000004 10001