

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **287814** (8)
1. Corporation Name
SECURITIES MANAGEMENT AND RESEARCH INC

Principal Place of Business Mailing Address
ONE MOODY PLAZA **ONE MOODY PLAZA**
14 FL **14 FL**
GALVESTON TEXAS 77550 **GALVESTON TEXAS 77550**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1964	3a. Date of Last Report 03/10/1994
21	22	26	27	4. FBI Number 59-1145041	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Corporation Officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a	V UNGER, EMERSON V. TWO MOODY PLAZA GALVESTON, TX 00000	11	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11b	S AXELSON, TERESA TWO MOODY PLAZA GALVESTON, TX 00000	21	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11c	VT KOELEMAY, BRENDA T TWO MOODY PLAZA GALVESTON TX	31	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11d	D CLAY, ORSON C. ONE MOODY PLAZA GALVESTON TX	41	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11e	PD STUBBS, STEVEN H. TWO MOODY PLAZA GALVESTON TX	51	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11f		61	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my position shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached document with an affidavit.

SIGNATURE: *Emerson V. Unger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 95 (409) 763-2767