

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 287814 (8)

1. Corporation Name
SECURITIES MANAGEMENT AND RESEARCH INC



Principal Place of Business ONE MOODY PLAZA 14 FL GALVESTON TEXAS 77550 US	Mailing Address ONE MOODY PLAZA 14 FL GALVESTON TEXAS 77550 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/07/1964	4. FEI Number 59-1145041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	AVP
NAME	UNGER, EMERSON V.	1.2 NAME	Anne M. Lemire
STREET ADDRESS	ONE MOODY PLAZA	1.3 STREET ADDRESS	One moody Plaza
CITY-ST-ZIP	GALVESTON TX	1.4 CITY-ST-ZIP	Galveston, TX
TITLE	S	2.1 TITLE	
NAME	AXELSON, TERESA	2.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GALVESTON TX	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	KOELEMAY, BRENDA T	3.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GALVESTON TX	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	DIXON, GORDON D.	4.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GALVESTON TX 77550	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	MCCRSKEY, MICHAEL W	5.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GALVESTON TX	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	WHEELER, DAVID K.	6.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	GALVESTON TX	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AVP
1.2 NAME	Anne M. Lemire
1.3 STREET ADDRESS	One moody Plaza
1.4 CITY-ST-ZIP	Galveston, TX
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne M. Lemire* **ANNE M. Lemire** **4/28/98** **(409) 763 2767**

CR2E034 (10/97)