

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90183 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 287814

1. Corporation Name
SECURITIES MANAGEMENT AND RESEARCH INC



DO NOT WRITE IN THIS SPACE

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

Mailing Address
ONE MOODY PLAZA
14 FL
GALVESTON TEXAS 77550
US

3. Date Incorporated or Qualified
12/07/1964

4. FEI Number
59-1145041 Applied For
 - Not Applicable -

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 2450 South Shore Blvd
 Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 58969
 Suite, Apt. #, etc.

22 **Suite 400**
 City & State

23 **League City, Texas**
 City & State

24 **77573** 25 **USA** 29 **77258** 30 **USA**
 Zip Country Zip Country

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 **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGER, EMERSON V.	1.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAVELSTON TX	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELSON, TERESA	2.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAVELSTON TX	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOELEMAY, BRENDA T	3.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAVELSTON TX	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRSKEY, MICHAEL W	5.2 NAME	
STREET ADDRESS	ONE MOODY PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAVELSTON TX	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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, with all other like empowered.

SIGNATURE: Brenda T. Koelmay 4/30/99 281-334-2469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)