

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **484012** (0)  
1. Corporation Name  
**INVERRARY MANAGEMENT COMPANY**



Principal Place of Business: **3030 LBJ FRWY #700 P.O. BOX 819087 DALLAS TX 75381**  
Mailing Address: **3030 LBJ FRWY #700 P.O. BOX 819087 DALLAS TX 75381**

3. Date Incorporated or Qualified: **09/05/1975**  
3a. Date of Last Report: **01/31/1995**

|   |                         |   |  |
|---|-------------------------|---|--|
| 21. Principal Place of Business                 | 2a. Mailing Address     | 4. FEI Number<br><b>75-1479872</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc.                         | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| 23. City & State                                | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| 24. Zip   | 25. Country             | 29. Zip   | 30. Country  |
| 9. Name and Address of Current Registered Agent |                         | 10. Name and Address of New Registered Agent                                    |  |

|  |  |  |           |
|--|--|--|-----------|
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 81. Name   |           |
|  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  | 83.  |           |
|  |  | 84. City   | <b>FL</b> |
|  |  | 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of registered agent and the applicable date) \_\_\_\_\_ (Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DICKENSON, JERRY W.</b>                           | 1.2 NAME  |  |
| STREET ADDRESS             | <b>3030 LBJ FRWY 700</b>                             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DALLAS, TX 00000</b>                              | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ADDISON, RANDOLPH</b>                             | 2.2 NAME  |  |
| STREET ADDRESS             | <b>14651 DALLAS PWY 700</b>                          | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DALLAS, TX 00000</b>                              | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>AT</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ZAMBIE, R. H.</b>                                 | 3.2 NAME  |  |
| STREET ADDRESS             | <b>3030 LBJ FRWY 700</b>                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DALLAS, TX 00000</b>                              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GRAY, JOHN</b>                                    | 4.2 NAME  |  |
| STREET ADDRESS             | <b>3030 LBJ FRWY 700</b>                             | 4.3 STREET ADDRESS                                    | <b>100001864521</b>  |
| CITY-ST-ZIP                | <b>DALLAS, TX 00000</b>                              | 4.4 CITY-ST-ZIP                                       | <b>-06/18/96--01011--010</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DICKENSON, JERRY W.</b>                           | 5.2 NAME  |  |
| STREET ADDRESS             | <b>3030 LBJ FRWY 700</b>                             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DALLAS, TX 00000</b>                              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | <b>VP Jeffrey Jahnke</b>   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | <b>3030 LBJ Frwy Ste 700</b>   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <b>Dallas, TX 75234</b>  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, Block 13, or on an attachment with an address.

SIGNATURE: *Jahnke* *J Jahnke* *Wedges*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)