SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:17

DOCUMENT # **858379** **(1)**

1. Corporation Name
OMNIPLAN, INCORPORATED

Principal Place of Business	Mailing Address
400 SOUTH RECORD STREET DALLAS TX 75202	400 SOUTH RECORD STREET DALLAS TX 75202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1983**
3a. Date of Last Report: **02/09/1994**

2. Principal Place of Business
21 2711 N. Haskell Ave.
Suite, Apt. #, etc.
22 Suite 1340, LB 16
City & State
23 Dallas, Texas
Zip 24 75204 County 25 USA

2a. Mailing Address
26 2711 N. Haskell Ave.
Suite, Apt. #, etc.
27 Suite 1340, LB 16
City & State
28 Dallas, Texas
Zip 29 75204 County 30 USA

4. FEI Number: **75-1320079** ☐ 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 has [illegible] as provided for under s. 193.052 Florida Statutes ☐ Yes ☐ 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 **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 change(s) 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 [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-L)	
TITLE	P	1-1 TITLE	Principal ☒ Change ☐ Addition
NAME	KOLB, KEY	1-2 NAME	Key Kolb FAIA
STREET ADDRESS	ONE FERRIS PLAZA	1-3 STREET ADDRESS	2711 N. Haskell, Suite 1340, LB 16
CITY ST ZIP	DALLAS TX	1-4 CITY ST ZIP	Dallas, Texas 75204
TITLE	V	2-1 TITLE	Principal ☒ Change ☐ Addition
NAME	DILWORTH, MARK	2-2 NAME	Mark Dilworth AIA
STREET ADDRESS	400 SOUTH RECORD ST	2-3 STREET ADDRESS	2711 N. Haskell, Suite 1340, LB 16
CITY ST ZIP	DALLAS, TX 00000	2-4 CITY ST ZIP	Dallas, Texas 75204
TITLE	V	3-1 TITLE	Principal ☒ Change ☐ Addition
NAME	ARCHER, MIAHAEL	3-2 NAME	Stephen J. Winslow AIA
STREET ADDRESS	400 SOUTH RECORD ST	3-3 STREET ADDRESS	2711 N. Haskell, Suite 1340, LB 16
CITY ST ZIP	DALLAS TX	3-4 CITY ST ZIP	Dallas, Texas 75204 ☒ Change ☒ Addition
TITLE	VP	4-1 TITLE	Principal
NAME	MATTHEWS, JAMES	4-2 NAME	Gray G. Henry AIA
STREET ADDRESS	400 SOUTH RECORD ST	4-3 STREET ADDRESS	2711 N. Haskell, Suite 1340, LB 16
CITY ST ZIP	DALLAS TX	4-4 CITY ST ZIP	Dallas, Texas 75204 ☒ Change ☐ Addition
TITLE	VP	5-1 TITLE	Associate Principal
NAME	WINSLOW, STEPHEN J	5-2 NAME	Michael Archer
STREET ADDRESS	400 SOUTH RECORD ST.	5-3 STREET ADDRESS	2711 N. Haskell, Suite 1340, LB 16
CITY ST ZIP	DALLAS TX	5-4 CITY ST ZIP	Dallas, Texas 75204 ☒ Change ☐ Addition
TITLE	VP	6-1 TITLE	Senior Associate
NAME	MORRISON, LIONEL B	6-2 NAME	Jamon Mathews
STREET ADDRESS	400 SOUTH RECORD ST	6-3 STREET ADDRESS	2711 N. Haskell, Suite 1340, LB 16
CITY ST ZIP	DALLAS TX	6-4 CITY ST ZIP	Dallas, Texas 75204

CR2E034 (3/95)

14. I (do) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in s. 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: [signature] 6 28 95 214 526-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jamon Mathews

0177460 FP