FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 858379 (1)

1. Corporation Name

OMNIPLAN, INCORPORATED

Principal Place of Business	Mailing Address
2711 N. HASKELL AVENUE SUITE 1340. LB 16 DALLAS TE 75204 US	2711 N. HASKELL AVENUE SUITE 1340. LB 16 DALLAS TE 75204 US

2. Principal Place of Business
21 same as above
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 same as above
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/07/1983
3a. Date of Last Report: 07/03/1995
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 liability for intangible tax under s. 199.032, 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KOLB, KEY	
STREET ADDRESS	2711 N. HASKELL, SUITE 1340, LB 16	
CITY-ST-ZIP	DALLAS TX	
TITLE	P	☐ DELETE
NAME	DILWORTH, MARK	
STREET ADDRESS	2711 N. HASKELL, SUITE 1340, LB 16	
CITY-ST-ZIP	DALLAS, TX 00000	
TITLE	P	☐ DELETE
NAME	WINSLOW, STEPHENJ. A	
STREET ADDRESS	2711 N. HASKELL, SUITE 1340, LB 16	
CITY-ST-ZIP	DALLAS TX	
TITLE	P	☐ DELETE
NAME	HENRY, GRAY G. A	
STREET ADDRESS	2711 N. HASKELL, SUITE 1340, LB 16	
CITY-ST-ZIP	DALLAS TX	
TITLE	AP	☐ DELETE
NAME	ARCHER, MICHAEL	
STREET ADDRESS	2711 N. HASKELL, SUITE 1340, LB 16	
CITY-ST-ZIP	DALLAS TX	
TITLE	SA	☐ DELETE
NAME	MATHEWS, JAMES	
STREET ADDRESS	2711 N. HASKELL, SUITE 1340, LB 16	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Mathews JAMES MATHEWS 2.1.96 214 826-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #