

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

APPROVED AND FILED *[Signature]*

1997 MAR 14 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT, OF STATE  
**Sandra B. Mórtham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004332 (3)**

1. Corporation Name  
**TEMPGLASS GROUP, INC.**



Principal Place of Business  
**14160 DALLAS PARKWAY, SUITE 850  
DALLAS TX 75240**

Mailing Address  
**14160 DALLAS PARKWAY, SUITE 850  
DALLAS TX 75240-7312**

<b>3.</b> Date Incorporated or Qualified <b>09/24/1993</b>	<b>3a.</b> Date of Last Report <b>09/13/1996</b>
<b>4.</b> FEI Number <b>34-1749812</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
<b>24</b>	<b>29</b>
Country	Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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]* DATE **3/13/97**

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

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WITTSTOCK, JOHN	
STREET ADDRESS	14160 DALLAS PARKWAY, SUITE 850	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	QUICK, JERRY	
STREET ADDRESS	14160 DALLAS PARKWAY, SUITE 850	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HINES, MOLLIE	
STREET ADDRESS	14160 DALLAS PARKWAY, SUITE 850	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'MAHONY, LIAM	
STREET ADDRESS	375 NORTHRIDGE ROAD, SUITE 350	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, MICHAEL	
STREET ADDRESS	375 NORTHRIDGE ROAD, SUITE 350	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>900002113989-5</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I do 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: **SIGNATURE REQUIRED** Vice President 10 Mar 97 (972) 663-3818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

982902



ACCOUNT NO. : 072100000032  
REFERENCE : 292322 56389A  
AUTHORIZATION : Patricia Pyjunt  
COST LIMIT : \$ 165.00

ORDER DATE : March 13, 1997  
ORDER TIME : 9:55 AM  
ORDER NO. : 292322-005  
CUSTOMER NO: 56389A  
CUSTOMER: Iris D. Trites, Corp Analyst  
Hgp Industries, Inc.  
Pacific Center, Suite 850  
14160 Dallas Parkway  
Dallas, TX 75240

ANNUAL REPORT FILING

NAME: TEMPGLOSS GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: MIKE KLUNK

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
MAR 14 AM 11:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESS SERVICES