

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000006284**

1. Entity Name  
**AUSTIN COMMERCIAL, INC.**



**Principal Place of Business**

**3535 TRAVIS  
SUITE 300  
DALLAS, TX 75204**

**Mailing Address**

**TAX DEPARTMENT  
P.O. BOX 1590  
DALLAS, TX 75221-1590**

**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-2501531</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000105217  
04/07/04-80013-016 150 m**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALLS, DAVID B 3535 TRAVIS ST STE 300 DALLAS, TX 75204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JACKSON, TONY J 3535 TRAVIS ST STE 300 DALLAS, TX 75204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NELSON, ELAINE 3535 TRAVIS ST., STE 300 DALLAS, TX 75204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS SCHRANZ, JAMES E 3535 TRAVIS ST., STE 300 DALLAS, TX 75204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MCADOO, WILLIAM C 3535 TRAVIS ST., STE 300 DALLAS, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STAKEM, ALAN P 3535 TRAVIS ST., STE 300 DALLAS, TX

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/29/04*

Date

*214-443-5308*

Daytime Phone #