2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006284

1. Entity Name
AUSTIN COMMERCIAL, INC.

Principal Place of Business	Mailing Address
3535 TRAVIS SUITE 300 DALLAS, TX 75204	TAX DEPARTMENT P.O. BOX 1590 DALLAS, TX 75221-1590

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2501531
☐ Applied For
☐ Not Applicable

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000360159
05/05/05-80021-022 150.00

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12. I 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 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: _____ 4/22/05 (214)4435500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #