

**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 3535 TRAVIS SUITE 300 DALLAS, TX 75204	Mailing Address TAX DEPARTMENT P.O. BOX 1590 DALLAS, TX 75221-1590
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

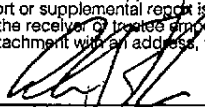
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLS, DAVID B 3535 TRAVIS 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 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAKEM, ALAN P 3535 TRAVIS ST., STE 300 DALLAS, TX 75204

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05/05/05-80021-022 150.00

**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)(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) 443 5500**

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