

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001387 (8)**  
 1. Corporation Name  
**THE SABRE GROUP, INC.**



Principal Place of Business <b>4333 AMON CARTER BLVD., MD 5675 FORT WORTH TX 76155</b>	Mailing Address <b>4255 AMON CARTER BLVD MD 4204 FORT WORTH TX 76155 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4255 AMON CARTER BLVD</b> Suite, Apt. #, etc 22 <b>MD 4204</b> City & State 23 <b>FORT WORTH TX</b> Zip 24 <b>76155</b>	2a. Mailing Address 26 <b>4255 AMON CARTER BLVD</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>03/22/1995</b>	4. FEI Number <b>75-2109502</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C/D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRANDALL, ROBERT L</b>	
STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE	<b>DR SENIOR V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, PATRICK T</b>	
STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE	<b>VCPD <del>HAM</del></b>	<input type="checkbox"/> DELETE
NAME	<b>DURMAN, MICHAEL J.</b>	
STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, THOMAS M.</b>	
STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, TERRY B.</b>	
STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINBERG, ANDREW</b>	
STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>EXECUTIVE V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BRADFORD J. BOSTON</b>	
1.3 STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
1.4 CITY-ST-ZIP	<b>FORT WORTH TX 76155</b>	
2.1 TITLE	<b>PRESIDENT - STIN DIVISION</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ERIC J. SPEER</b>	
2.3 STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
2.4 CITY-ST-ZIP	<b>FORT WORTH TX 76155</b>	
3.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JAMES E. MURPHY</b>	
3.3 STREET ADDRESS	<b>4255 AMON CARTER BLVD MD 4204</b>	
3.4 CITY-ST-ZIP	<b>FORT WORTH TX 76155</b>	
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 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; that I am a duly sworn and 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 added or deleted with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)