

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90028 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005274
 1. Corporation Name
PAUL RAY BERNDTSON, INC.

Principal Place of Business 301 COMMERCE ST #2300 FT WORTH TX 76102	Mailing Address 301 COMMERCE ST #2300 FT WORTH TX 76102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		75-1765152	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSEY, MATTHEW G			1.2 NAME			
STREET ADDRESS	301 COMMERCE ST #2300			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX 76102			1.4 CITY-ST-ZIP			
TITLE	PCEO	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY, PAUL R JR			2.2 NAME			
STREET ADDRESS	301 COMMERCE ST #2300			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX 76102			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY, T. BRECK			3.2 NAME			
STREET ADDRESS	301 COMMERCE ST #2300			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX 76102			3.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETTIGREW, H. REECE			4.2 NAME			
STREET ADDRESS	301 COMMERCE ST #2300			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX 76102			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORR, R. DOUGLAS			5.2 NAME			
STREET ADDRESS	301 COMMERCE ST #2300			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX 76102			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, AMANDA C			6.2 NAME			
STREET ADDRESS	10 SOUTH RIVERSIDE PLACE, SUITE 720			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			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 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, with all other like empowered.

SIGNATURE: Matthew G. Posey **REQUIRED** 4/29/99 817-334-0500
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)