

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

**FILED**

**Mar 18 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 # F96000005401 (2)**  
 1. Corporation Name  
**MAI OF TEXAS, INC.**



Principal Place of Business <b>2445 GATEWAY DRIVE, SUITE 150 IRVING TX 75063</b>	Mailing Address <b>2445 GATEWAY DRIVE, SUITE 150 IRVING TX 75063</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/16/1986</b>		4. FEI Number <b>73-1347577</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired 22 City & State		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution 24 Zip		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25 Country	29 Zip	30 Country		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  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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>CDP</b>	<input type="checkbox"/> DELETE
NAME	<b>HERCHMAN, PAUL R</b>	
STREET ADDRESS	<b>2445 GATEWAY DRIVE, SUITE 150</b>	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KALLENBERGER, DAVID A MD</b>	
STREET ADDRESS	<b>2445 GATEWAY DRIVE, SUITE 150</b>	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'BRIEN, KEVIN D SR</b>	
STREET ADDRESS	<b>2445 GATEWAY DRIVE, SUITE 150</b>	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	
TITLE	<b>CFOT</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLACE, MICHAEL G SR</b>	
STREET ADDRESS	<b>2445 GATEWAY DRIVE, SUITE 150</b>	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NOVY, MARK</b>	
STREET ADDRESS	<b>2445 GATEWAY DRIVE, SUITE 150</b>	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRITZKER, LEON</b>	
STREET ADDRESS	<b>2445 GATEWAY DRIVE, SUITE 150</b>	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Montgomery, Thomas A.</b>	
1.3 STREET ADDRESS	<b>2445 Gateway Drive, Suite 150</b>	
1.4 CITY-ST-ZIP	<b>Irving, TX 75063</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LeVecchio, Tony</b>	
2.3 STREET ADDRESS	<b>2445 Gateway Drive, Suite 150</b>	
2.4 CITY-ST-ZIP	<b>Irving, TX 75063</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Hill, Gary</b>	
3.3 STREET ADDRESS	<b>2445 Gateway Drive, Suite 150</b>	
3.4 CITY-ST-ZIP	<b>Irving, TX 75063</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Moreland, Morris</b>	
4.3 STREET ADDRESS	<b>2445 Gateway Drive, Suite 150</b>	
4.4 CITY-ST-ZIP	<b>Irving, TX 75063</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Silcock, Jim</b>	
5.3 STREET ADDRESS	<b>2445 Gateway Drive, Suite 150</b>	
5.4 CITY-ST-ZIP	<b>Irving, TX 75063</b>	
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 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.

SIGNATURE: *Mark Novy* Mark Novy

CR2E084 (10/97)