

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15866** (7)

1. Corporation Name
BUSINESS RECORDS CORPORATION



Principal Place of Business: 1111 W. MOCKINGBIRD SUITE 1400 DALLAS TX 75247
Mailing Address: 1111 W. MOCKINGBIRD SUITE 1400 DALLAS TX 75247

3. Date Incorporated or Qualified 09/08/1987	3a. Date of Last Report 03/28/1995
4. FEI Number 75-2179860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Subj. Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Subj. Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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
			FL	

11. Pursuant to the provisions of Sections 607.0012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VS NAME: KIRALY, T. E. STREET ADDRESS: 1111 W. MOCKINGBIRD 1400 CITY-STATE-ZIP: DALLAS TX <input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add-on 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add-on
TITLE: P NAME: BRENNAN, DANIEL J. STREET ADDRESS: 1944 6TH AVE. NORTH CITY-STATE-ZIP: ST. CLOUD MN <input type="checkbox"/> DELETE	2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add-on
TITLE: CD NAME: ESPING, P. E. STREET ADDRESS: 1111 W. MOCKINGBIRD 1400 CITY-STATE-ZIP: DALLAS TX <input type="checkbox"/> DELETE	3. NAME: 4. STREET ADDRESS: 5. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add-on
TITLE: V NAME: OWENS, BERNARD J. STREET ADDRESS: 8136 BALSAMWOOD LANE CITY-STATE-ZIP: LIVERPOOL NY <input type="checkbox"/> DELETE	4. NAME: 5. STREET ADDRESS: 6. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add-on
<input type="checkbox"/> DELETE	6. NAME: 7. STREET ADDRESS: 8. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add-on
<input type="checkbox"/> DELETE	9. NAME: 10. STREET ADDRESS: 11. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add-on

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer 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 addition with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/96 (214) 688-1800
Date Date of Filing

CR2E034 (12/95)