

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 75247-5014
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/08/1987	3a. Date of Last Report 02/14/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 75-2179860	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE HALL CORP. SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRALY, T. E.	1.2 NAME	
STREET ADDRESS	1111 W. MOCKINGBIRD 1400	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	1.4 CITY-STATE-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, DANIEL J.	2.2 NAME	HARVEY BRASWELL
STREET ADDRESS	1944 6TH AVE. NORTH	2.3 STREET ADDRESS	7227 THIRD ST. SOUTH
CITY-STATE-ZIP	ST. CLOUD MN	2.4 CITY-STATE-ZIP	ST. CLOUD, MN 56301
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPING, P. E.	3.2 NAME	
STREET ADDRESS	1111 W. MOCKINGBIRD 1400	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DALLAS TX	3.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, BERNARD J.	4.2 NAME	
STREET ADDRESS	8138 BALSAMWOOD LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LIVERPOOL NY	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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: _____ DATE: 5/1/97 (214) 688-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/96)