

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P34736** (9)

95 MAR -9 AM 8:30

1. Corporation Name  
**USAA PROPERTIES III, INC.**

Principal Place of Business: **9000 FREDERICKSBURG RD., TAXES, D-2-E SAN ANTONIO TX 78298**  
Mailing Address: **9000 FREDERICKSBURG RD., TAXES, D-2-E SAN ANTONIO TX 78298**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>9800 FREDERICKSBURG RD</b>		26 <b>9800 FREDERICKSBURG RD</b>		<b>07/18/1991</b>		<b>04/08/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 <b>F-3-E, TAXES</b>		27 <b>F-3-E, TAXES</b>		<b>74-2355708</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 <b>SAN ANTONIO, TX</b>		28 <b>SAN ANTONIO, TX</b>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 <b>78288-0115</b> 25 <b>USA</b>		29 <b>78288-0115</b> 30 <b>USA</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 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: \_\_\_\_\_ 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	CDP	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, EDWARD B	1.2 NAME	MEADOWS, JOHN G.
STREET ADDRESS	8000 ROBERT F McDERMOTT	1.3 STREET ADDRESS	8000 ROBERT F. McDERMOTT
CITY-ST-ZIP	SAN ANTONIO TX	1.4 CITY-ST-ZIP	SAN ANTONIO TX
TITLE	DVS	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEEWALD, RANDAL R.	2.2 NAME	WALLACE, SUSAN T.
STREET ADDRESS	8000 ROBERT F. McDERMOTT	2.3 STREET ADDRESS	8000 ROBERT McDERMOTT
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	SAN ANTONIO TX
TITLE	ROSALES, DAVID A	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8000 ROBERT F McDERMOTT	3.2 NAME	KING, STEPHEN, S.
STREET ADDRESS	8000 ROBERT F McDERMOTT	3.3 STREET ADDRESS	8000 ROBERT McDERMOTT
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	SAN ANTONIO TX
TITLE	DCVT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, T. PATRICK	4.2 NAME	
STREET ADDRESS	8000 ROBERT F McDERMOTT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, PEACOCK S.	5.2 NAME	
STREET ADDRESS	8000 ROBERT F. McDERMOTT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, LYNETTE K.	6.2 NAME	
STREET ADDRESS	8000 ROBERT F McDERMOTT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	

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 110.07(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 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 in Block 13 if added, with an address.

SIGNATURE: *Ln T. Patrick Duncan* **2/21/95** (210) 498-7541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**T. PATRICK DUNCAN, SVP REAL ESTATE OPERATIONS/TREASURER**