

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

**FILED**

**May 19 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 # P34736 (9)**

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



**Principal Place of Business**  
8000 ROBERT F MCDERMOTT FWY  
600  
SAN ANTONIO TX 78230-3884  
US

**Mailing Address**  
8000 ROBERT F MCDERMOTT FWY  
600  
SAN ANTONIA TX 78230-3882  
US

**3. Date Incorporated or Qualified** 07/18/1991  
**3a. Date of Last Report** 03/07/1996

**2. Principal Place of Business** **2a. Mailing Address**

**21** Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **28** Zip **29** Country **30** Country

**4. FEI Number** 74-2355708 **Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> CDP	<input type="checkbox"/> DELETE	<b>1. TITLE</b> V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> KELLEY, EDWARD B		<b>1.2 NAME</b> Barrow, Martha J.	
<b>STREET ADDRESS</b> 8000 ROBERT F MCDERMOTT		<b>1.3 STREET ADDRESS</b> 8000 Robert F. McDermott Fwy, Suite 600	
<b>CITY - ST - ZIP</b> SAN ANTONIO TX		<b>1.4 CITY - ST - ZIP</b> San Antonio, Texas 78230-3884	
<b>TITLE</b> DVS	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> SEEWALD, RANDAL R.		<b>2.2 NAME</b> King, Stephen S.	
<b>STREET ADDRESS</b> 8000 ROBERT F. MCDERMOTT		<b>2.3 STREET ADDRESS</b> 8000 Robert F. McDermott Fwy, Suite 600	
<b>CITY - ST - ZIP</b> SAN ANTONIO TX		<b>2.4 CITY - ST - ZIP</b> San Antonio, Texas 78230-3884	
<b>TITLE</b> AVP	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> ROSALES, DAVID A		<b>3.2 NAME</b> Holmes, David M.	
<b>STREET ADDRESS</b> 8000 ROBERT F MCDERMOTT		<b>3.3 STREET ADDRESS</b> 8000 Robert F. McDermott Fwy, Suite 600	
<b>CITY - ST - ZIP</b> SAN ANTONIO TX		<b>3.4 CITY - ST - ZIP</b> San Antonio, Texas 7830-3884	
<b>TITLE</b> DSVP	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DUNCAN, T. PATRICK		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b> 8000 ROBERT F MCDERMOTT		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> SAN ANTONIO TX		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b> V	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WAYNE, PEACOCK S.		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b> 8000 ROBERT F. MCDERMOTT		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> SAN ANTONIO TX		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b> AVP	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WALLACE, SUSAN		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b> 8000 ROBERT F MCDERMOTT		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> SAN ANTONIO TX		<b>6.4 CITY - ST - ZIP</b>	

**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:** *Randal R. Seewald* **4/10/97** **210-498-0736**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Randal R. Seewald, Vice President**

CR2E034 (9/96)