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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 167534

(7)

FIRST FAMILY FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address	
250 CARPENTER FREEWAY IRVING TX 75062	P.O. BOX 660237 CORP TAX DEPT	
US	DALLAS TX 75266-0237 US	

FILED									
Apr 24 1997 8:00am									
Secretary of State									



US TA 750	104	DALLAS TX 75									
		US					Date Incorporated or Qualified 12/28/1951	3a. Da	te of La	,	port
<u> </u>	lace of Business	2a. Mailing Ad	ldress				4. FEI Number			App	lied For
21		26					59-0714560			-+	Applicable
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desired				lditional
22 City & Stat		City & Stat								e Req	
City & Stat	6	City & Stat	е				6. Election Campaign Financing	- -			lay Be
Zip	Country	28 Z(p)		Countr			Trust Fund Contribution	<u>IJ</u>		ded to	
24	25	29		30	у		8. This corporation has liability for in Farida Statutes		tax und] No	ers.	199.032,
24]	9. Name and Address of Current			30]			10. Name and Address of New Re				
THE	PRENTICE-HALL CORPORATION			81	ij	Name			-		
	HAYS STREET	OTOTEM INC.			_						
	TE 105			82	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	LAHASSEE FL 32301			83	3						
1AL	ENGRAPE I E 0600 I			<u></u>	_				···		
				84	1	City		FL	85	Zip Ci	ode
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations.	2 and 607.1508, Flo of Florida, Such challions of Section 60	orida Statute ange was a	es, the above authorized b	VO)y	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of I the app	chang ointmer	ing its nt as re	registered egistered
SIGNATURE	Signature, typed or printed hanc of registered ager						od when reinstating)	DATE	- •	···	
12.	OFFICERS AND		(147)11	13.	91.11	a sekratir to reduit	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12
TITLE .	PD		DELETE	1.1 TO LE					Cha		Addition
NAME	CHALMERS, ALAN			1.2 NAME							
STREET ADDRESS	4362 PEACHTREE RD NE			1.3 STREE	1 4	ADDRESS					
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-		· 1					
TITLE	VPT		DELETE	2.1 TrillE					☐ Cha	inge	Addition
NAME	HUGHES, JOHN			2.2 NAME							
STREET ADDRESS	250 CARPENTER FREEWAY			2.3 STREE	T A	ADDRESS					
CITY-ST-ZIP	IRVING TX		·	2 4 CHY-	<u>- S1</u>	1 - ZIP		<u> </u>			
TITLE	\$.		DELETE	3 1 1174 F	_				☐ Cha	inge	Addition
NAME	HAYES, TIMOTHY			3.2 NAME							
STREET ADDRESS	250 CARPENTER FREEWAY			3.3 STREE	17	ADDRESS					
CITY-S1-ZIP	IRVING TX			3.4 CITY-	- \$1	1 - ZIP					
TITLE	AVAS	انا	DELETE	4.1, TITLE					Cha	nge	Addition
NAME	GREENE, PATRICK J			4 2 NAME							
STREET ADDRESS	250 CARPENTER FREEWAY			4.3 STREE							
CITY-ST-ZIP	IRVING TX		DELETE	4.4 CITY-	SI	- ZIF			T Obs		Aphalita ii
TITLE	LAMES S TOUNSON	<u> </u>	DELLIE	5.1 TITLE					[] Cha	nige	Addition
NAME	JAMES S. JOHNSON			5.2 NAME							
STREET ADDRESS	250 CARPENTER FREEWAY			5.3 STREE		1					
CITY-ST-ZIP	IRVING TX		DELETE	54 CITY-	\$1	·ZP			Cha	nne	Addition
TITLE	D LONGENEOVED OUESTED D	لبا	DEFEIG	6.1 NTLE					ال ل	nge	F"] Woonton
NAME	LONGENECKER, CHESTER D 250 CARPENTER FREEWAY			6.2 NAME							
STREET ADDRESS				6.3 STREE							
CITY-ST-ZIP	IRVING TX			6.4 CITY-	SI.	- ZIP					

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.

CIONATUDE.

Polome

Patrick J, Greene Asst VP & Asst Secretary 04/20/97

97 (972) 652-4000