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May 28 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 # 542257 (1)
1. Corporation Name
SOUTHWEST WARRANTY CORPORATION



Principal Place of Business
714 MAIN ST.
22ND FLOOR
FT. WORTH TX 76102
US

Mailing Address
714 MAIN STREET
22ND FLOOR
FT. WORTH TX 76102-5217
US

3. Date Incorporated or Qualified
08/04/1977

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1758742

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

2. Principal Place of Business
21 307 WEST 7TH STREET
Suite, Apt. #, etc.
22 SUITE 400
City & State
23 FORT WORTH, TEXAS
Zip Country
24 76102 25 USA

2a. Mailing Address
26 307 WEST 7TH STREET
Suite, Apt. #, etc.
27 SUITE 400
City & State
28 FORT WORTH, TEXAS
Zip Country
29 76102 30 USA

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION 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
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

TITLE AVPS
NAME WATSON, CHRISTOPHER E
STREET ADDRESS 388 GREENWICH STREET, 21ST FL.
CITY- ST- ZIP NEW YORK NY

TITLE EVF
NAME DECARLO, DONALD T
STREET ADDRESS 388 GREENWICH STREET, 21ST FL
CITY- ST- ZIP NEW YORK NY

TITLE AS
NAME FADDEN, JEROME T
STREET ADDRESS 388 GREENWICH STREET, 39TH FL
CITY- ST- ZIP NEW YORK NY

TITLE T
NAME ZIEGLER, KENT W
STREET ADDRESS 388 GREENWICH STREET, 21ST FL
CITY- ST- ZIP NEW YORK NY

TITLE SVP
NAME BANTIS, SPIRO K
STREET ADDRESS 388 GREENWICH STREET, 21ST FL
CITY- ST- ZIP NEW YORK NY

TITLE S
NAME ZIPPER, MICHAEL E
STREET ADDRESS 388 GREENWICH STREET, 21ST FL
CITY- ST- ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- 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: Peter B. Dahlberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/14/97 817-348-7501
Date Daytime Phone #

CR2E034 (9/96)