


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 659581 1. Corporation Name SOUTHERN ESCROW COMPANY			
Principal Place of Business 600 ANTON BLVD COSTA MESA CA 92626-7147		Mailing Address P.O. BOX 5011 COSTA MESA CA 92628-5011	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD NAME FITE, GARY L STREET ADDRESS 600 ANTON BLVD CITY-ST-ZIP COSTA MESA CA 92626-7147 <input checked="" type="checkbox"/> DELETE		1.1 TITLE PD 1.2 NAME THOMAS R SLOVE 1.3 STREET ADDRESS 250 CARPENTER FWY. 1.4 CITY-ST-ZIP IRVING, TX 75062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SMITH, HERBERT F STREET ADDRESS 600 ANTON BLVD CITY-ST-ZIP COSTA MESA CA 92626-7147 <input checked="" type="checkbox"/> DELETE		2.1 TITLE VT 2.2 NAME JOHN F. HUGHES 2.3 STREET ADDRESS 250 CARPENTER FWY. 2.4 CITY-ST-ZIP IRVING, TX 75062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SCHUTT, EUGENE R JR STREET ADDRESS 600 ANTON BLVD CITY-ST-ZIP COSTA MESA CA 92626-7147 <input checked="" type="checkbox"/> DELETE		3.1 TITLE S 3.2 NAME PHYLLIS A. JOEST 3.3 STREET ADDRESS 250 CARPENTER FWY 3.4 CITY-ST-ZIP IRVING, TX 75062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AV NAME MARKS, JOHN H STREET ADDRESS 600 ANTON BLVD CITY-ST-ZIP COSTA MESA CA 92626-7147 <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME SOARES, L B STREET ADDRESS 600 ANTON BLVD CITY-ST-ZIP COSTA MESA CA 92626-7147 <input checked="" type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HITZEL, THOMAS G STREET ADDRESS 600 ANTON BLVD CITY-ST-ZIP COSTA MESA CA 92626-7147 <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE: ✓

SIGNATURE REQUIRED: T. G. HITZEL

4.15.99 (514) 435-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)