FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822585** **(6)**

1. Corporation Name

LHI DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1177 W. LOOP SOUTH SUITE 1200 HOUSTON TX 77027	1177 W. LOOP SOUTH SUITE 1200 HOUSTON TX 77027

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/02/1969**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **35-1148547** ☐ 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
C T CORPORATION SYSTEM 8751 W BROWARD BLVD. 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 _____ 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	P	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NEIDICH, DAN	1.2 NAME	DANIEL NEIDICH	
STREET ADDRESS	85 BROAD ST.	1.3 STREET ADDRESS	85 BROAD ST.	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SCHECHNER, P. SHERIDAN	2.2 NAME	DAVID R. WEIL	
STREET ADDRESS	85 BROAD ST.	2.3 STREET ADDRESS	85 BROAD ST	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, TODD A.	3.2 NAME		
STREET ADDRESS	85 BROAD STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	HAMAMOTO, DAVID	4.2 NAME	DAVID HAMAMOTO	
STREET ADDRESS	85 BROAD ST.	4.3 STREET ADDRESS	85 BROAD ST	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	5.1 TITLE	VS	☒ Change ☐ Addition
NAME	KEVIN O. NAUGHTON	5.2 NAME	KEVIN O. NAUGHTON	
STREET ADDRESS	85 BROAD ST.	5.3 STREET ADDRESS	85 BROAD ST	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	NEW YORK NY	
TITLE	V	6.1 TITLE	DV	☒ Change ☐ Addition
NAME	HAMAMOTO, DAVID T.	6.2 NAME	NEIL N HASSON	
STREET ADDRESS	85 BROAD STREET	6.3 STREET ADDRESS	85 BROAD ST	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	NEW YORK NY	

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 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: _____ 4/21/95 (212) 601-9871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382848 CP