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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **831847** **(9)**

1. Corporation Name
MONEX RESOURCES, INC.

Principal Place of Business	Mailing Address
45 N.E. LOOP 410 SUITE 700 SAN ANTONIO TX 78216	45 N.E. LOOP 410 SUITE 700 SAN ANTONIO TX 78216-5897

3. Date Incorporated or Qualified: 02/18/1974
3a. Date of Last Report: 04/03/1996
4. FEI Number: 31-0624780 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

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 _____ 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	VP	☐ DELETE	1.1 TITLE	V/S/D	☐ Change ☑ Addition
NAME	BARROW, WILLIAM		1.2 NAME	Robert Lyons	
STREET ADDRESS	45 NE LOOP 410 #700		1.3 STREET ADDRESS	45 N.E. Loop 410 Ste 700	
CITY-ST-ZIP	SAN ANTONIO TX		1.4 CITY-ST-ZIP	San Antonio, TX 78216	
TITLE	VP	☐ DELETE	2.1 TITLE	P/D	☐ Change ☑ Addition
NAME	DIDELOT, RICHARD		2.2 NAME	Gerry Gordon	
STREET ADDRESS	45 NE LOOP 410 #700		2.3 STREET ADDRESS	45 N.E. Loop 410 Ste 700	
CITY-ST-ZIP	SAN ANTONIO TX		2.4 CITY-ST-ZIP	San Antonio, TX 78216	
TITLE	D	☐ DELETE	3.1 TITLE	V/D	☐ Change ☑ Addition
NAME	ERNIE MCLEAN		3.2 NAME	William E. Ellis	
STREET ADDRESS	45 NE LOOP 410 #700		3.3 STREET ADDRESS	45 N.E. Loop 410 Ste 700	
CITY-ST-ZIP	SAN ANTONIO TX		3.4 CITY-ST-ZIP	San Antonio Tx 78216	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOB KEPFORD		4.2 NAME		
STREET ADDRESS	45 NE LOOP 410 #700		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX		4.4 CITY-ST-ZIP		
TITLE	~~VP~~ VP	☐ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	MERKEL, J.		5.2 NAME		
STREET ADDRESS	45 NE LOOP 410 #700		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX		5.4 CITY-ST-ZIP		
TITLE	~~VP~~ VP	☐ DELETE	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	LISTER, R.		6.2 NAME		
STREET ADDRESS	45 NE LOOP 410 #700		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ EVP 3/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #