SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **842609** **(0)**

1. Corporation Name
VEI, INCORPORATED

Principal Place of Business	Mailing Address
2711 LBJ FREEWAY. STE. 210 STE 1000 DALLAS TX 75234 US	2711 LBJ FREEWAY. STE. 210 STE 1000 DALLAS TX 75234 US

3. Date Incorporated or Qualified: 02/15/1979
3a. Date of Last Report: 08/22/1995

2. Principal Place of Business
21 2711 LBJ FREEWAY
Suite, Apt. #, etc.
22 SUITE 1000
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2711 LBJ FREEWAY
Suite, Apt. #, etc.
27 SUITE 1000
City & State
28
Zip 29 Country 30

4. FEI Number: 75-1469019 ☐ 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

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, type or print name of person with authority to sign (if applicable) (NOTE: Registered Agent signature required when restated.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LENZER, WILLIAM F		1.2 NAME		
STREET ADDRESS	2711 LBJ FRWY STE 1000		1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 00000		1.4 CITY-ST-ZIP	DALLAS TX 75234	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MENESES, FERNANDO H.		2.2 NAME		
STREET ADDRESS	2711 LBJ FRWY STE 1000		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 00000		2.4 CITY-ST-ZIP	DALLAS TX 75234	
TITLE	VS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ADAMS, CIRGINIA		3.2 NAME	ADAMS, VIRGINIA	
STREET ADDRESS	2711 LBJ FRYW STE4 100		3.3 STREET ADDRESS	2711 LBJ FRWY STE 1000	
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP	DALLAS TX 75234	
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, HOZEA D.		4.2 NAME		
STREET ADDRESS	2711 LBJ FRWY ST4 1000		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia Adams VIRGINIA ADAMS 8-2-96 214-484-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #