

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PH 9:56

DOCUMENT # 854365

(4)

1. Corporation Name

TREASURY PROPERTIES, INC.

Principal Place of Business

**6501 LEGACY DR
PLANO TX 75024
US**

Mailing Address

**PO BOX 10001
CORPORATE TAX, A/2-700
DALLAS TX 75301-1205
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1982

3a. Date of Last Report

03/22/1994

4. FEI Number

13-3093164

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

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH ISLAND ROAD
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

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

D

NAME

PRINDVILLE, T.S.

STREET ADDRESS

6501 LEGACY DR

CITY-ST-ZIP

PLANO TX

TITLE

S

NAME

LOTTER, C.R.

STREET ADDRESS

6501 LEGACY DR

CITY-ST-ZIP

PLANO TX

TITLE

C

NAME

GISPANSKI, L.A.

STREET ADDRESS

6501 LEGACY DR

CITY-ST-ZIP

PLANO TX

TITLE

T

NAME

MCKAY, D.A.

STREET ADDRESS

6501 LEGACY DR

CITY-ST-ZIP

PLANO TX

TITLE

PD

NAME

LOWENKRON, N.M.

STREET ADDRESS

6501 LEGACY DR

CITY-ST-ZIP

PLANO TX

TITLE

D

NAME

NORTHAM, R.E.

STREET ADDRESS

6501 LEGACY DR

CITY-ST-ZIP

PLANO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

D.A. McKay
D.A. McKay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Please #

4-3-95