2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

DOCUMENT # B0300000408 1. Entity Name HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN L.P. Principal Place of Business 200 CONCORD PLAZA DR, STE 800 SAN ANTONIO, TX 78216 Mailing Address 200 CONCORD PLAZA DR, STE 800 SAN ANTONIO, TX 78216 SAN ANTONIO, TX 78216						ما	DIVIS 05 I	CRETAR ION (150) MAR 25	LED Y OF STATE PORATIONS AM 9:40	
SANTANTONIO, IN 70210			10			175 (186 6 1 61) 7 1 66 6 5 611		SIEN GRIEK IENEN EN IEEN		
2. Principal Place of Business 3			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03082005	Chg-LP	CR2E00	3 (10/03)		
City & State			City & State			4. FEI Number	FOR 74-2	289825	Applied For Not Applicable	
Zip	Country Zip		Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
CTCOPP	ODATION SVSTEM				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
T BANTATION, TE 00024										
					City	FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						DATE				
9. Capital Contributions as Shown on record. \$4,500.00 ID. Amount of Capital in FLORIDA to date					butions					
			S A BUSINESS EN							
NOTE: General Partners MAY NOT be changed on the formula: GENERAL PARTNER INFORMATION 1						nt must be filed	ADDRESS CHA			
DOCUMENT #					EET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	
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14 I barabu	certify that the information for this report is true and	supplied with this fill accurate and that m	ing does not qualify fo	r the exi	emption stated in So ne legal effect as if r	ection 119.07(3)(i),	Florida Statutes.	I further cert	ify that the information the limited partnership or	
indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes										

210-829-9358

Daytime Phone #

3-8-05