2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am DOCUMENT # F00000004998 **Secretary of State** Entity Name 04-12-2004 90680 048 ***150.00 ASG GENERAL PARTNER, INC. Principal Place of Business Mailing Address 5151 SAN FELIPE 5151 SAN FELIPE **34000303 SUITE 1300 SUITE 1300** HOUSTON TX 77056 **HOUSTON TX 77056** 2. Principal Place of Business 3. Mailing Address 801 North Capital of Texas Highway 1300 Post Oak Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Suite 300 Suite 850 City & State City & State 4. FEI Number Applied For 76-0385312 Austin, ΤX 76731 Houston, TX Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 78731 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change Addition IIII F NAME WEATHERS, MICHAEL W NAME Sanders, JR., William C. STREET ADDRESS 5151 SAN FELIPE, SUITE 1300 STREET ADDRESS 1650 Tysons Blvd., Suite 565 HOUSTON TX 77056 City-St-7IP CITY-ST-ZIP McLean, VA 22102 TITLE EVP ☐ Delete TITLE Addition V/D NAME BLODGETT, BRAD NAME Blodgett, Brad 5151 SAN FELIPE, SUITE 1300 STREET ADDRESS STREET ADDRESS North Capital of Texas HWY, Suite 300 HOUSTON TX 77056 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change NAME NAME ALAN, GILBERT--- - -----STREET ADDRESS STREET ADDRESS 124 WEST PUTNAM AVENUE, 2ND FLOOR CITY-ST-7IP CITY-ST-ZIP GREENWICH CT 06830 P/D Change Addition TITLE □ Delete TITLE Dobson, Sean DOBSON, SEAN NAME NAME 5151 SAN FELIPE, SUITE 1300 7801 North Capital of Texas Hwy, Suite 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP Austin, TX 78731 $\overline{v/s}$ Delete X Change Addition TITLE HANNAN, LINDA NAME Hannan, Linda 5151 SAN FELIPE.SUITE 1300 7801 North Capital of Texas Hwy, Suite300 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77056** CITY-ST-ZIP CITY-ST-ZIP Austin, TX 78731 SRVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GORMAN, STEVEN M NAME Gorman, Steven M. 5151 SAN FELIPE, SUITE 1300 STREET ADDRESS STREET ADDRESS 7801 North Capital of Texas Hwy, Suite 300 **HOUSTON TX 77056** CITY-ST-ZIP CITY-ST-ZIP Austin, TX 78731 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

tannan

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