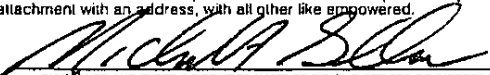


FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90013 042 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000004998		
1. Entity Name ASG GENERAL PARTNER, INC.		
Principal Place of Business 7801 NORTH CAPITAL OF TEXAS HWY SUITE 300 AUSTIN, TX 78731		Mailing Address 7801 NORTH CAPITAL OF TEXAS HWY SUITE 300 AUSTIN, TX 78731
DO NOT WRITE IN THIS SPACE		
		02212007 No Chg-P CR2E034 (11/05)
4. FEI Number 76-0385312		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ 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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	M SANDERS, WILLIAM C JR 1650 TYSONS BLVD., SUITE 565 MC LEAN, VA 22102	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS BROWNE, TERENCE 7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300 AUSTIN, TX 78731	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALAN, GILBERT 124 WEST PUTNAM AVENUE, 2ND FLOOR GREENWICH, CT 06830	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DOBSON, SEAN 7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300 AUSTIN, TX 78731	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GORMAN, STEVEN M 7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300 AUSTIN, TX 78731	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS SULLIVAN, MICHAEL A 7801 N. CAPITAL AT 7TH HWY. STE 300 AUSTIN, TX 78731	
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2-21-07 515-342-3024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #