


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90379 034 \*\*\*150.00

**DOCUMENT # F01000004475**  
 1. Entity Name  
**DEAN MANAGEMENT CORPORATION**



Principal Place of Business      Mailing Address  
**2515 MCKINNEY AVENUE, SUITE 1200**      **2515 MCKINNEY AVENUE, SUITE 1200**  
**DALLAS, TX 75201**      **DALLAS, TX 75201**

**14005017**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

03232004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**75-2587782**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, WILLIS R		NAME		
STREET ADDRESS	2515 MCKINNEY AVENUE, SUITE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROMBERG, BARRY A		NAME		
STREET ADDRESS	2515 MCKINNEY AVENUE, SUITE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, MICHELLE P		NAME		
STREET ADDRESS	2515 MCKINNEY AVENUE, SUITE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRO, ANGELA B		NAME		
STREET ADDRESS	2515 MCKINNEY AVENUE, SUITE 1200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lisa N. Tyson	
STREET ADDRESS			STREET ADDRESS	2515 McKinney Ave, Ste 1200	
CITY-ST-ZIP			CITY-ST-ZIP	Dallas, TX 75201	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:**       **Angela B. Miro**      **APR 12 2004**      **214.303.3400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #