2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F02000002196

1. Entity Name

AEGIS FUNDING CORPORATION



Principal Place of Business

3250 BRIARPARK DRIVE

SUITE 400 HOUSTON, TX 77042 Mailing Address

3250 BRIARPARK DRIVE SUITE 400 HOUSTON, TX 77042

FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90350 031 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 77-0589886

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, D. RICHARD 3250 BRIARPARK DR STE 400 HOUSTON, TX 77042					
NAME STREET ADDRESS CITY-ST-ZIP	VS BALOG, MICHAEL C 3250 BRIARPARK DR STE 400 HOUSTON, TX 77042					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVIN, STUART B- 9250 BRIARPARK DR STE 400- HOUSTON, TX 77042			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	PD NOTKIN, NEIL J 3250 BRIARPARK DRIVE, SUITE 400 HOUSTON, TX 77042					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTE, MICHAEL L 7751 BELFORT PARKWAY, SUITE 21 JACKSONVILLE, FL 32256	0				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	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.

Michael C.

Secretary

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Daytime Phone #