2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 003 ***150.00

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04222004 Chg-P CR2E034 (10/03)

DOCUMENT # F03000001496

1. Entity Name
AMPRO MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2435 NORTH CENTRAL EXPRESSWAY, SUITE 1200 RICHARDSON, TX 75080	2435 NORTH CENTRAL EXPRESSWAY, SUITE 1200 RICHARDSON, TX 75080

2. Principal Place of Business	3. Mailing Address
2133 West Peoria	2133 West Peoria
Suite, Apt. #, etc. Ste 130	Suite, Apt. #, etc. Ste 130
City & State Phoenix AZ	City & State Phoenix AZ
Zip 85029 Country	Zip 85029 Country

4. FEI Number 01-0764768 — Applied For / 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 _____
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, 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	SD ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	HICKMAN, KENNETH G	NAME	Hickman, Kenneth
STREET ADDRESS	~~2435 NORTH CENTRAL EXPRESSWAY, SUITE 1200~~	STREET ADDRESS	12222 Merit Drive Ste 900
CITY-ST-ZIP	~~RICHARDSON, TX 75080~~	CITY-ST-ZIP	Dallas TX 75251
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	STARKEY, WILLIAM R SR.	NAME	Starkey, William Sr
STREET ADDRESS	~~2435 NORTH CENTRAL EXPRESSWAY, SUITE 1200~~	STREET ADDRESS	12222 Merit Dr. Ste 900
CITY-ST-ZIP	~~RICHARDSON, TX 75080~~	CITY-ST-ZIP	Dallas TX 75251
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHBAUGH, WILLIAM	NAME	
STREET ADDRESS	12900 PRESTON ROAD, SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75230	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, BARRY M	NAME	
STREET ADDRESS	320 SOUTH BOSTON, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	TULSA, OK 74103	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARDNER, JAMES B	NAME	
STREET ADDRESS	1700 PACIFIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75201	CITY-ST-ZIP	
TITLE	Munford, James ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	2515 Rock Creek Dr	NAME	
STREET ADDRESS	Ft Collins, CO 80528	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: _____ 972-560-6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #