
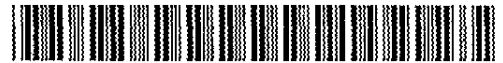


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000004615</b> 1. Entry Name BRE-H, INC.	
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Principal Place of Business 6000 LEGACY DR. PLANO, TX 75024	Mailing Address 6000 LEGACY DR. PLANO, TX 75024
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3694199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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**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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEAL, ANDREW 6000 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CURL, M. MOLLY 6000 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAURERMANN, W.T. 6000 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, JAMES W JR. 6000 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENRIGHT, CLARK 6000 LEGACY DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000006033  
01/16/04-80018-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: M. Curl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

Date

469-467-5000

Daytime Phone #