

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005247

FILED
Mar 22, 2007
Secretary of State

Entity Name: CAPSTONE PROPERTY MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

210 BARTON SPRINGS ROAD, SUITE 300
AUSTIN, TX 78704

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 760
AUSTIN, TX 78767

New Mailing Address:

FEI Number: 74-2566803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BERKEY, JAMES W
Address: 210 BARTON SPRINGS ROAD, SUITE 300
City-St-Zip: AUSTIN, TX 78704

Title: V () Delete
Name: LUTZ, MATT C
Address: 210 BARTON SPRINGS ROAD, SUITE 300
City-St-Zip: AUSTIN, TX 78704

Title: V () Delete
Name: MAZZEI, EDMUND J SR
Address: 250 BIRD RD., SUITE 300
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: COBB, HUGH
Address: 1431 GREENWAY DRIVE, SUITE 870
City-St-Zip: IRVING, TX 75038

Title: V (X) Delete
Name: ODEN, PATRICIA
Address: 16500 SAN PEDRO, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78232

Title: VS () Delete
Name: GETTMAN, MICHAEL D
Address: 210 BARTON SPRINGS ROAD, SUITE 300
City-St-Zip: AUSTIN, TX 78704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: COBB, HUGH
Address: 222 W LAS COLINAS BLVD, STE 1475E
City-St-Zip: IRVING, TX 75039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D GETTMAN

VP

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date