

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90024 049 \*\*\*150.00

**DOCUMENT # F06000000468**

1. Entity Name  
DC CONVENTIONAL - TOWN CENTER, INC.



Principal Place of Business  
6363 WOODWAY, SUITE 1000  
HOUSTON, TX 77057

Mailing Address  
6363 WOODWAY, SUITE 1000  
HOUSTON, TX 77057

**60006976**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-4153573

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

**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

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DINERSTEIN, JACK  
STREET ADDRESS 6363 WOODWAY, SUITE 1000  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE VC  
NAME DINERSTEIN, T.H.  
STREET ADDRESS 6363 WOODWAY, SUITE 1000  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE S  
NAME CALINGIRONA, TOM  
STREET ADDRESS 6363 WOODWAY, SUITE 1000  
CITY-ST-ZIP HOUSTON, TX 77057

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Randall D. Dismant* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/2007*  
Date

*7135700312*  
Daytime Phone #