

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F16160** (6)

1. Corporation Name  
**CROW PROPERTY COMPANY, INC.**



Principal Place of Business  
**2001 ROSS AVENUE  
SUITE 3500  
DALLAS TX 75201**

Mailing Address  
**2001 ROSS AVENUE  
SUITE 3500  
DALLAS TX 75201**

3. Date Incorporated or Qualified  
**01/26/1981**

3a. Date of Last Report  
**04/17/1995**

4. FEI Number  
**59-2058066**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent  
**PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA DRIVE  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name  
**SAME**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**

83. **SUITE 105**

84. City  
**TALLAHASSEE**

85. Zip Code  
**FL 32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROW, HARLAN R	
STREET ADDRESS	2001 ROSS AVENUE SUITE 3500	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ENGLE, CHERYL	
STREET ADDRESS	2001 ROSS AVENUE SUITE 3500	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, PAMELA B	
STREET ADDRESS	2001 ROSS AVENUE SUITE 3500	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MCDONALD J	
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEORGE, VINCENT L	
STREET ADDRESS	2001 ROSS AVENUE SUITE 3500	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, RONALD S	
STREET ADDRESS	2001 ROSS AVENUE SUITE 3500	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Crow, Harlan R	
1.3 STREET ADDRESS	2001 ROSS Ave Suite 3500	
1.4 CITY-ST-ZIP	Dallas, TX 75201	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donna Gullledge	
2.3 STREET ADDRESS	2001 ROSS Ave Suite 3500	
2.4 CITY-ST-ZIP	Dallas TX 75201	
3.1 TITLE	ASST. Secy.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia J. Brown	
3.3 STREET ADDRESS	2001 ROSS Ave. Suite 3500	
3.4 CITY-ST-ZIP	Dallas, TX 75201	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Gullledge* Donna Gullledge 1/31/96 214/979-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)