

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90050 034 ***158.75

DOCUMENT # **F92000000345** ✓ok
1. Corporation Name

CSW Development-I, Inc.

Principal Place of Business

Mailing Address

**P.O. Box 660164
Dallas, TX 75266-0164**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-6-92

4. FEI Number

75-2370921

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1616 Woodall Rodgers Fwy**

2a. **P.O. Box 660164**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Dallas, TX**

City & State

28 **Dallas, TX**

Zip Country

24 **75202**

25

Zip Country

29 **75266-0164**

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C.T. Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Dir. + Chairman	<input type="checkbox"/> DELETE
NAME	T. V. Shockley	
STREET ADDRESS	1616 Woodall Rodgers Fwy	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	Dir. + Pres.	<input type="checkbox"/> DELETE
NAME	T. O. Dennis	
STREET ADDRESS	1616 Woodall Rodgers Fwy	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	Dir. + V.P.	<input type="checkbox"/> DELETE
NAME	L. D. Atkins	
STREET ADDRESS	1616 Woodall Rodgers Fwy	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	Dir. + V.P.	<input type="checkbox"/> DELETE
NAME	P. E. Graf	
STREET ADDRESS	1616 Woodall Rodgers Fwy	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	Dir. + V.P.	<input type="checkbox"/> DELETE
NAME	M. T. Moran	
STREET ADDRESS	1616 Woodall Rodgers Fwy	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	K. C. Raper, Jr.	
STREET ADDRESS	1616 Woodall Rodgers Fwy	
CITY-ST-ZIP	Dallas, TX 75202	

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. G. Haggus	
1.3 STREET ADDRESS	1616 Woodall Rodgers Fwy	
1.4 CITY-ST-ZIP	Dallas, TX 75202	
2.1 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P. Ty Schnorbach	
2.3 STREET ADDRESS	1616 Woodall Rodgers Fwy	
2.4 CITY-ST-ZIP	Dallas, TX 75202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wendy D. Haggus

4/28/99

CR2E034 (1/98)