FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000660 (2)**

1. Corporation Name
E.C. CAPITAL CORPORATION

Principal Place of Business	Mailing Address
2710 STEMMONS 800 N TOWER DALLAS TX 75207 US	2710 STEMMONS 800 N TOWER DALLAS TX 75207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 8131 LBJ Fwy	26 8131 LBJ Fwy
Suite, Apt. #, etc. 22 420	Suite, Apt. #, etc. 27 420
City & State 23 Dallas, TX	City & State 28 Dallas, TX
Zip 24 75251 Country 25 Dallas	Zip 29 75251 Country 30 Dallas

4. FEI Number: 75-2436271 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	MILTON, PHILIP S	12 NAME		
STREET ADDRESS	230 PARK AVE., SUITE 635	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10169	14 CITY-ST-ZIP		
TITLE	VCP	21 TITLE		☑ Change ☐ Addition
NAME	BLACK, RALPH C	22 NAME		
STREET ADDRESS	4245 N. CENTRAL EXPY., SUITE 100	23 STREET ADDRESS	8131 LBJ Freeway, Suite 420	
CITY-ST-ZIP	DALLAS TX 75205	24 CITY-ST-ZIP	Dallas, TX 75251	
TITLE	D	31 TITLE	P/T	☐ Change ☐ Addition
NAME	BARTEAU, GILBERT	32 NAME	Gilbert Barteau	
STREET ADDRESS	4245 N. CENTRAL EXPY., SUITE 300	33 STREET ADDRESS	8131 LBJ Freeway, Suite 420	
CITY-ST-ZIP	DALLAS TX 75205	34 CITY-ST-ZIP	Dallas, TX 75251	
TITLE	VPS	41 TITLE		☑ Change ☐ Addition
NAME	COLVIN, J T	42 NAME		
STREET ADDRESS	2710 STEMMONS 800 N. TOWER	43 STREET ADDRESS	8131 LBJ Freeway, Suite 420	
CITY-ST-ZIP	DALLAS TX 75207	44 CITY-ST-ZIP	Dallas, TX 75251	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: J. Colvin 4-13-95 800-777-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472141 FP