FILED

Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90158 001 ***150.00

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

Mailing Address

TRAMMELL CROW RESIDENCE

2859 PACES FERRY RD SUITE 1400

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000415

1. Corporation Name

Principal Place of Business

717 NORTH HARWOOD ST.

SUITE 1200

CROW-TERWILLIGER INVESTMENTS, INC.

SUITE 1200 DALLAS TX 75201		ATLANTA GA 30339 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 01/27/1993		
5 Dringing Die	and of Business	2a. Mailing Address			4. FEI Number	App	lied For
2. Principal Pla	ace or pusitiess	26			75-2426539	Not	Applicable
21 Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
22		City & State			6. Election Campaign Financing	\$5.00 N	/av Be
City & State	1	⊢ ¬ ′			Trust Fund Contribution	Added to	,
23	C	28	Country		8. This corporation owes the current	vear Intangible	
Zìp	Country	<u> </u>	¬ ´		Personal Property Tax.	ŬYes [⊒No [
24	25		<u> </u>		10. Name and Address of New Regi	stered Agent	
	9. Name and Address of Current	Registered Agent	81	Name	10. 110.		
THE PRENTICE-HALL CORPORATION SYSTEM INC.				!			
		OTOTEM INC.	82 Stre		dress (P.O. Box Number is Not Acceptable)	
	HAYS STREET		_				
	E 105		83	1			
TALL	AHASSEE FL 32301		84	City		85 Zip C	ode
			İ	,		FL 3	
	to the provisions of Sections 607.050; egistered agent, or both, in the State on m familiar with, and accept the obligat				rporation submits this statement for the pur tion's board of directors. I hereby accept the	pose of changing its reg e appointment as reg	istered
SIGNATURE		(NOTE: Pr	enistered Age	nt signature regu	lired when reinstating)	DATE	
	Signature, typed or printed name of registered agen	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
12.		D DELETE	1,1 TITLE			☐ Change	Addition \
TITLE	D COOM MADIAN D		1.2 NAME				
NAME	CROW, HARIAN R			T ADDRESS			
STREET ADDRESS	2001 ROSS AVE., STE. 3500		1				
CITY-ST-ZIP	DALLAS TX 75201	T DELETE	1.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE	DP	☐ DELETE	2.1 TITLE			<u> </u>	
NAME	TERWILLIGER, J. RONALD		2.2 NAME	1			
STREET ADDRESS	2859 PACES FERRY RD., STE.	2100	2.3 STREE	TADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339		2. 4 CITY-	ST-ZIP		—	CON A delision
TITLE	DVPT	☐ DELETE	3.1 TITLE			Change	Addition
NAME	PACE, RANDY J		3.2 NAME				
STREET ADDRESS	717 N. HARWOOD ST., STE. 1	200	3.3 STREE	T ADDRESS			'
	DALLAS TX 75201		3.4. CITY-	ST-ZIP_			
CITY-ST-ZIP TITLE	ST	☐ DELETE	4.1 TITLE			Change	Addition
	PACE, RANDY J		4, 2 NAME				
NAME	THE MEDICAGE OF CITE 4	200	43 STREE	ET ADDRESS			
STREET ADDRESS	DALLAS TX	200	4.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	5,1 TITLE	J1-ZII		☐ Change	Addition
TITLE	DVP	Dece	5.2 NAME				
NAME	CROW, TRAMMELL S			ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP	DALLAS TX 75201	□ pereze	6.1 TITLE			Change	Addition
TITLE	AS	☐ DELETE				9-	
NAME	SHAMBLIN, LEE ANN		6.2 NAME				
STREET ADDRESS	717 N. HARWOOD ST., STE. 1	200	6.3 STREE	ET ADDRESS			
l	DALLAS TY		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 an powered 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.

NING OFFICER OR DIRECTOR

SIGNATURE: