

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000000897 (9)

1. Corporation Name

CROW-TERWILLIGER INVESTMENTS #2, INC.



Principal Place of Business

Mailing Address

717 N. HARWOOD, STE. 1200  
LOCK BOX 128  
DALLAS TX 75201

717 N. HARWOOD, STE. 1200  
LOCK BOX 128  
DALLAS TX 75201

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

02/20/1995

4. FEI Number

75-2426542

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROW, HARLAN R	
STREET ADDRESS	2001 ROSS AVE., STE. 3500	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TERWILLIGER, J. RONALD	
STREET ADDRESS	2859 PACES FERRY RD., STE. 1400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CROW, TRAMMELL S	
STREET ADDRESS	2001 ROSS AVE., STE. 3500	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	PACE, RANDY J	
STREET ADDRESS	717 N. HARWOOD, STE. 1200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PACE, RANDY J	
STREET ADDRESS	717 N. HARWOOD, STE. 1200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELWELL, DAVID J.	
STREET ADDRESS	2859 PACES FERRY RD., SUITE 1400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVE ELWELL	
13 STREET ADDRESS	2859 PACES FERRY RD STE 1400	
14 CITY-ST-ZIP	ATLANTA GA 30339	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-95

Daytime Phone #

770-801-1600

CR2E034 (12/95)