SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001285 (6)**

1. Corporation Name
SYNTEK ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10670 NORTH CENTRAL EXPRESSWAY. SUITE 600 DALLAS TX 75231	10670 NORTH CENTRAL EXPRESSWAY. SUITE 600 DALLAS TX 75231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1993	3a. Date of Last Report: 03/04/1994
4. FEI Number: 75-2300452	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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	PD	1.1 TITLE	☒ Change ☐ Addition PD
NAME	FRIEDMAN, WILLIAM S	1.2 NAME	CASHWELL, OSCAR W.
STREET ADDRESS	645 MADISON AVENUE, SUITE 2200	1.3 STREET ADDRESS	10670 N. CENTRAL EXPY #600
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	DALLAS, TX. 75231
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHRAUFF, HAMILTON P	2.2 NAME	
STREET ADDRESS	10670 N. CENTRAL EXPWY., SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	WALDMAN, ROBERT A	3.2 NAME	
STREET ADDRESS	10670 N. CENTRAL EXPWY., SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	POTERA, DREW D	4.2 NAME	
STREET ADDRESS	10670 N. CENTRAL EXPWY., SUITE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, GENE E	5.2 NAME	
STREET ADDRESS	10670 N. CENTRAL EXPWY., SUITE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ 1-1-95 214-692-4700
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177814 FP