

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001789 (7)

1. Corporation Name

SUPPORT TERMINAL SERVICES, INC.

Principal Place of Business

2435 N CENTRAL EXP
STE 700
RICHARDSON TX 75080
US

Mailing Address

2435 N CENTRAL EXP
STE 700
RICHARDSON TX 75080
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 650283

22 City & State

27 Attn: Tax Department

23 Zip

Country

28 Dallas, TX 75265-0283

24

25

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

04/06/1995

4. FEI Number

75-2459340

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

(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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	DOHERTY, EDWARD D	2435 N CENTRAL EXPY #700	RICHARDSON TX	<input type="checkbox"/>
VD	EASUM, DOUGLAS M	2435 N CENTRAL EXPY #700	RICHARDSON TX	<input type="checkbox"/>
VS	HOFFNER, STEPHEN M	2400 LAKESIDE BLVD., SUITE 600	RICHARDSON TX 75082	<input checked="" type="checkbox"/>
TS	WADSWORTH, HOWARD C	2435 N CENTRAL EXPY #700	RICHARDSON TX	<input type="checkbox"/>
DAS	JONES, JOE M	2435 N CENTRAL EXPY #700	RICHARDSON TX	<input type="checkbox"/>
P	JOHNSON, F.T.	17304 PRESTON ROAD, SUITE 1000	DALLAS TX 75252	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/7/96

214/699-4000

CR2E034 (12/95)