

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**SUPPORT TERMINAL SERVICES, INC.**

Principal Place of Business		Mailing Address			
2435 N CENTRAL EXP STE 700 RICHARDSON TX 75080 US		P O BOX 650283 ATTN TAX DEPT. DALLAS TX 75265-0283 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1993</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>03/13/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>75-2459340</b>	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOHERTY, EDWARD D		1.2 NAME		
STREET ADDRESS	2435 N CENTRAL EXPY #700		1.3 STREET ADDRESS		
CITY - ST - ZIP	RICHARDSON TX		1.4 CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASUM, DOUGLAS M		2.2 NAME		
STREET ADDRESS	2435 N CENTRAL EXPY #700		2.3 STREET ADDRESS		
CITY - ST - ZIP	RICHARDSON TX		2.4 CITY - ST - ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADSWORTH, HOWARD C		3.2 NAME		
STREET ADDRESS	2435 N CENTRAL EXPY #700		3.3 STREET ADDRESS		
CITY - ST - ZIP	RICHARDSON TX		3.4 CITY - ST - ZIP		
TITLE	DAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JOE M		4.2 NAME		
STREET ADDRESS	2435 N CENTRAL EXPY #700		4.3 STREET ADDRESS		
CITY - ST - ZIP	RICHARDSON TX		4.4 CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, F.T.		5.2 NAME		
STREET ADDRESS	17304 PRESTON ROAD, SUITE 1000		5.3 STREET ADDRESS		
CITY - ST - ZIP	DALLAS TX 75252		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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 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: <i>John Mark Jones</i>			Date: <i>4/1/97</i> Daytime Phone #: <i>(972) 699-4000</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					