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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F93000002930 (6)**

1. Corporation Name
CPI MANAGEMENT, INC.

100001471771
-05/02/95--01151--010
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5520 LBJ FRWY STE - 430 DALLAS TX 75240 US	5520 LBJ FRWY STE - 430 DALLAS TX 75240 US

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: One Insignia Financial Plaza
Suite, Apt. #, etc.
27: P.O. Box 1089
City & State
28: Greenville SC
Zip 29: 29602 Country 30: US

4. FEI Number: 75-2329372 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATTION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — DATE: 5/1/95
Signature, typed or printed name of registered agent and title if applicable — Typed or printed name of registered agent (required for new agent) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☑ Change ☐ Addition
NAME	MEEK, DAVID C	12 NAME	Frank M Garrison	
STREET ADDRESS	5520 LBJ FREEWAY, SUITE 450	13 STREET ADDRESS	One Insignia financial plaza	
CITY-ST-ZIP	DALLAS TX 75240	14 CITY-ST-ZIP	Greenville SC 29602	
TITLE	VS	21 TITLE	VP/Secr.	☑ Change ☐ Addition
NAME	RONCK, DAVID K	22 NAME	John K Lines	
STREET ADDRESS	5520 LBJ FRWY / STE - 430	23 STREET ADDRESS	Above	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VP/Treasurer	☑ Change ☐ Addition
NAME	WARD, MICHAEL	32 NAME	Ron Uretta	
STREET ADDRESS	5520 LBJ FREEWAY, SUITE 430	33 STREET ADDRESS	Above	
CITY-ST-ZIP	DALLAS TX 75240	34 CITY-ST-ZIP		
TITLE	CD	41 TITLE	VP.	☐ Change ☐ Addition
NAME	BAKER, NEIL W	42 NAME	David Ronck	
STREET ADDRESS	5520 LBJ FREEWAY, SUITE 430	43 STREET ADDRESS	Above	
CITY-ST-ZIP	DALLAS TX 75240	44 CITY-ST-ZIP		
TITLE	VT	51 TITLE	VP	☐ Change ☐ Addition
NAME	CAMPBELL, PATRICIA L	52 NAME	David C Meek	
STREET ADDRESS	5520 LBJ FRWY / STE - 430	53 STREET ADDRESS	Above	
CITY-ST-ZIP	DALLAS TX	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Controller	☐ Change ☐ Addition
NAME	BAKER, RODNEY M	62 NAME	Martha Long	
STREET ADDRESS	5520 LBJ FRWY / STE - 430	63 STREET ADDRESS	Above	
CITY-ST-ZIP	DALLAS TX	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report 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: Martha L Long — Martha L Long — 4/27/95 — (803) 239-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0472497 FP