

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003884 (4)

1. Corporation Name
VAR-LITE, INC.

Principal Place of Business
201 REGAL ROW
DALLAS TX 75247

Mailing Address
201 REGAL ROW
DALLAS TX 75247-5201



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/26/1993

3a. Date of Last Report
08/29/1996

4. FEI Number
75-1973256

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUTSHE, H R III	
STREET ADDRESS	201 REGAL ROW	
CITY- ST- ZIP	DALLAS TX 75247	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORNHORST, JAMES	
STREET ADDRESS	201 REGAL ROW	
CITY- ST- ZIP	DALLAS TX 75247	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEY, DAVID	
STREET ADDRESS	201 REGAL ROW	
CITY- ST- ZIP	DALLAS TX 75247	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	HERMAN, MIKE	
STREET ADDRESS	201 REGAL ROW	
CITY- ST- ZIP	DALLAS TX 75247	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAXSON, JOHN D	
STREET ADDRESS	201 REGAL ROW	
CITY- ST- ZIP	DALLAS TX 75247	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JAMES H	
STREET ADDRESS	201 REGAL ROW	
CITY- ST- ZIP	DALLAS TX 75247	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Smith, J. Anthony	
1.3 STREET ADDRESS	201 Regal Row	
1.4 CITY- ST- ZIP	Dallas, TX 75247	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pestinger, Janis C.	
2.3 STREET ADDRESS	201 Regal Row	
2.4 CITY- ST- ZIP	Dallas, TX 75247	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Haas, Loren J.	
3.3 STREET ADDRESS	201 Regal Row	
3.4 CITY- ST- ZIP	Dallas, TX 75247	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0494977

CR2E034 (9/95)