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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

512.476-7888

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004440 (4)

HNGP, INC.

Delmala of Dire	-(Durings	14.00							
Principal Place of Business 121 SOUTH MARTIN LUTHER KING BLVD. LAS VEGAS NV 89106		•	Mailing Address 3000 ONE AMERICAN CTR AUSTIN TX 78701						
		AUSTIN TX 78701							
		us '				3. Date Incorporated or Qualified 10/01/1993		of Last F	Report
2. Principal Pla	ace of Business	2a. Mailing Add	ress			4. FEI Number	1	TAI	pplied For
n		26	26			88-0305825	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
3		28				1rust Fund Contribution		Added	to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation has liability for in	ntangible ta	ax under s	s. 199.032,
4	25 9. Name and Address of Curre	29	30	0]		Florida Statutes 10. Name and Address of New Reg] Yes 🔀		
CIC	CORPORATION SYSTEM	ont neglatered Agent		81	Name	10. Name and Address of New Neg	Areter Wi	Jenn	
	SOUTH PINE ISLAND ROAD								
	TATION FL 33324			82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
FLAN	INTIVIT I E GOOGT			83					
				84	City		FL	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.05	502 and 607.1508. Flori	ida Statutes	the above	e-named cor	poration submits this statement for the re		l <u> </u>	ts registered
office or re	egistered agent, or both, in the Sta	te of Florida, Such char	nge was aut	thorized by	the corpora	poration submits this statement for the partion's board of directors. I hereby accept	t the appoi	ntmont as	registered
ayent, ran	ir ianimar with, and accept the obii	igations of, bection bor	.0505, FIOR	ua otatuir•					
SIGNATURE :	Signature typed or printed name of registered a	agent and title if applicable.	(NOII · fi	legistered Age	nt signature requ	uired wher reinstating)	_{OA†L}		,
12.	OFFICERS A	agent and title it applicable. ND DIRECTORS	(NOTE (tegistered Agr	nt signature requ	uired wher reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	/ RS IN 12
12.	OFFICERS A	ND DIRECTORS	(NOTE: E		nt signature requ		ERS AND [DIRECTOR	
12.	OFFICERS A PO GREENSPUN, BARBARA J	ND DIRECTORS		13.	nt signature requ		ERS AND [_	
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