SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000005068

HOPLANT HOLDING CORP.

Mailing Address

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90004 004 *1,100.00



| Principal Place | e or business | Mailing Address | Mailing Address | | | |
|--|---|--|-------------------------|---------------------|---|------------------------|
| % GOLDMAN SACHS & CO 100 CRESCENT CT. STE 1000 DALLAS TX 75201 | | 600 E. LAS COLINAS BLVD., SUITE 1900 IRVING TX 75039 | | DO NOT WRITE IN T | HIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 11/09/1993 | |
| O Dissipal Di | less of Puningers | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| ~ | | | ming / datasa | | 13-3739445 | Not Applicable |
| 21 | | Suite Ant # etc | Suite, Apt. #, etc. | | 10 0700770 | \$8.75 Additional |
| Suite, Apt. #, etc. | | 27 Suite, Apr. #, etc. | 1 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | В | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Countr | y | 8. This corporation owes the current year | |
| 24 | 25 | 29 | 30 | | Intangible Personal Property. | Yes No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registe | red Agent |
| | | | 81 | Name | · | 1 |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. | | | 00 |) Ot4 Add | Issas (D.O. Roy Number is Not Acceptable) | |
| 120 | 1 HAYS STREET | 82 Street | | Street Add | ddress (P.O. Box Number is Not Acceptable) | |
| | TE 105 | | 83 | 3 | | |
| IAL | LAHASSEE FL 32301 | | 84 | 1 City | | 85 Zip Code |
| | | | " | City | | -L 1 |
| office or I agent. I a | registered agent, or both, in the State am familiar with, and accept the obligation | of Florida, Such change was tions of, section 607.0505, F | lorida Statute | y the corporates. | oration submits this statement for the purpose tition's board of directors. I hereby accept the a | position do registered |
| | Signature, typed or printed name of registered agen- | | | Agent signature rec | 45 | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | DELETE | 1.1 TITLE | | | Change Addition |
| NAME | edelman, Martin I. | | 1.2 NAME | | | |
| STREET ADDRESS | 888 SEVENTH AVE | | 1.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10106 | | 1.4 CITY-S | T-ZIP | | |
| TITLE | D | DELETE | 2.1 TITLE | | | Change Addition |
| NAME | KATZ, RICHARD | | 2.2 NAME | | | |
| STREET ADDRESS | 888 SEVENTH AVE | | 2.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10106 | | 2.4 CITY-S | ST-ZIP | | |
| TITLE | D | DELETE | 3.1 TITLE | | | Change Addition |
| NAME | GLADSTEIN, GARY | □ perric | 3.2 NAME | | | |
| | 888 SEVENTH AVE | | l l | T ADDRESS | | |
| STREET ADDRESS | NEW YORK NY 10106 | | Į. | | | |
| CITY-ST-ZIP | | <u> </u> | 3.4 CITY-S 4.1 TITLE | >;-ZIP | | Change Addition |
| TITLE | D DOTUGNING CTUART A | L DELETE | | 1 | | |
| NAME | ROTHENBERG, STUART M | | 4.2 NAME | | | |
| STREET ADDRESS | 85 BROAD ST | | 1 | T ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10004 | | 4.4 CITY-S | ST-ZIP | | |
| TITLE | D | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | WILLIAMS, TODD A | | 5.2 NAME | | | |
| STREET ADDRESS | 100 CRESCENT CT, STE 1000 | | 5.3 STREE | TADDRESS | • | ļ |
| CITY-ST-ZiP | DALLAS TX 75201 | | 5.4 CITY-S | ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | _ | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | | |
| UIT-QT-ZIP | • | | ■ 0.4 O(1 1~0 | | | |

14. I 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:

Renr K. Barger Vice President 9/14/99 (972) 368-2832