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Feb 05 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 # F94000000727 (7)

1. Corporation Name

STAUBACH RETAIL SERVICES, INC.

Principal Place of Business

6750 LBJ FREEWAY
STE. 1100
DALLAS TX 75240

Mailing Address

6750 LBJ FREEWAY
STE. 1100
DALLAS TX 75240-6522



3. Date Incorporated or Qualified

02/15/1994

3a. Date of Last Report

02/07/1996

4. FEI Number

75-2489232

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 is acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.4 TITLE NAME STREET ADDRESS 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:

Lisa K. Whisler Lisa K. Whisler

1/24/97 (972) 960-4230

CR2E034 (9/96)