FILED Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F9400000727**1. Corporation Name

STAUBACH RETAIL SERVICES, INC.

Principal Place of Business Mailing Address						 	69ili Abiti antık tanta	
6750 LBJ FREEN	NAY	6750 LBJ FREEWAY	750 LBJ FREEWAY					
STE. 1100 STE. 1100						DO NOT WRITE IN	TUIC CDACE	
DALLAS TX 75240 DALLAS TX 75240						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		ļ
		20 Mailine Address				02/15/1994 4. FEI Number		plied For
2. Principal Place of Business 2a. Mailing Addi			aress			75-2489232	<u> </u>	ot Applicable
Suite, Apt.	4	26 Suite Ant # etc	Suite, Apt. #, etc.			15 2403232	\$8.75	
	#, etc.	\vdash	27			5. Certifcate of Status Desired	Fee Re	
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be
23	,	⊢ ´	28			Trust Fund Contribution	Added	•
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye	ar Intangible	
24	25	·	30	•		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curren			Γ_		10. Name and Address of New Regist	ered Agent	
· · · · · · · · · · · · · · · · · · ·				81	Name			
COR	PORATION SERVICE COMPANY			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
1201	HAYS STREET			82	Street Addre	ass (F.O. Box Nulliber is Not Acceptable)		
TALL	AHASSEE FL 32301	•		83			ALLEGE AND	
							Jac 7in	Codo
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the al	bove	-named corpo	oration submits this statement for the purpo	se of changing its	registered
office of r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	tnorized	ז עם ו	he corporation	n's board of directors. I hereby accept the	appointment as re	gisterea
_	m tamillar with, and accept the obliga	ilons of, deciron our losos, mon	ua otati	u163.				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent	signature required	I when reinstating) DA		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	Р	☐ DELETE	1.1 Tf	ΓE			☐ Change	Addition
NAME	MAGUIRE, CHRIS		1.2 NA	WE				
STREET ADDRESS	6750 LBJ FREEWAY, STE. 110) .	1.3 \$7	REET.	ADDRESS)
CITY-ST-ZIP	DALLAS TX 75240		1.4 CI	TY-ST	-ZIP	<u></u>		
TITLE	S	☐ DELETE	2.1 TITLE				Change	Addition
NAME	WHISLER, LIAS K.		2.2 NAME					ļ
STREET ADDRESS	6750 LGJ, SUITE 1100		2.3 ST	REET.	ADDRESS			
CITY-ST-ZIP	DALLAS TX		2.4 C	ITY-SI	r-ZIP			
TITLE		☐ DELETE	3.1 TI	TLE			☐ Change	Addition
NAME			3.2 N	ME				
STREET ADDRESS			3.3 \$7	REET.	ADDRESS			
CITY-ST-ZIP			3.4. C	ΠY-\$1	[-ZIP			
TITLE		☐ DELETE	4.1 TF	TLE			☐ Change	☐ Addition ↓
NAME	#		4. 2 N	AME				ſ
STREET ADDRESS			4.3 51	REET	ADDRESS			ļ
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE			☐ Change	☐ Addition)
NAME .			5.2 N	AME				
STREET ADDRESS			5.3 \$1	REET	ADDRESS			ļ
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETE	6.1 TF	TLE			Change	☐ Addition
NAME			6.2 N	AME				
STREET ADORESS			6.3 81	TREET	ADDRESS			

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 not 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 of 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 attachmen) with an address with all other like appowered.

6.4 CITY-ST-ZIP

SIGNATURE:

СЛY-ST-ZIP