FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:26

DOCUMENT # **F94000002043 (7)**

1. Corporation Name
CAPSTONE REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
4201 BEE CAVES RD SUITE C-100 AUSTIN TX 78746	4201 BEE CAVES RD SUITE C-100 AUSTIN TX 78746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **74-2566803** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BERKEY, JAMES W	12 NAME	
STREET ADDRESS	4201 BEE CAVES RD, SUITE C-100	13 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GOODNOUGH, ANGELIQUE	22 NAME	
STREET ADDRESS	4201 BEE CAVES RD, SUITE C-100	23 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MAXFIELD, KENNETH W JR	32 NAME	
STREET ADDRESS	4201 BEE CAVES RD, SUITE C-100	33 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	LUTZ, MATT C JR	42 NAME	
STREET ADDRESS	4201 BEE CAVES RD, SUITE C-100	43 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MILNER, PATRICIA N	52 NAME	
STREET ADDRESS	4201 BEE CAVES RD, SUITE C-100	53 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	GETTMAN, MICHAEL D	62 NAME	
STREET ADDRESS	4201 BEE CAVES RD, SUITE C-100	63 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ MICHAEL GETTMAN 4/5/95 (512) 328-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476858 FP