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 FEB -1 PM 12:04

DOCUMENT # **F94000002529 (5)**

1. Corporation Name
CMI SERVICES, INC.

Principal Place of Business	Mailing Address
17070 DALLAS PARKWAY DALLAS TX 75248	17070 DALLAS PARKWAY DALLAS TX 75248

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 CMI Services, Inc.	26 CMI Services, Inc.
Suite, Apt. #, etc. 22 17070 Dallas Parkway	Suite, Apt. #, etc. 27 17070 Dallas Parkway
City & State 23 Dallas, TX	City & State 28 Dallas, TX
Zip / Country 24 75248 / 25 USA	Zip / Country 29 75248 / 30 USA

4. FEI Number: 22-2645277 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Same (no changes)
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	STOCKTON, THOMAS A	1.2 NAME	
STREET ADDRESS	17070 DALLAS PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, BRUCE R	2.2 NAME	
STREET ADDRESS	17070 DALLAS PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	2.4 CITY-ST-ZIP	
TITLE	TDS	3.1 TITLE	☐ Change ☐ Addition
NAME	SHULMAN, ARTHUR M	3.2 NAME	
STREET ADDRESS	17070 DALLAS PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 1/23/95 214 732 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473214 FP