SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

FILED

96 DEC -5 AM 10: 59

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

CITY-ST- AP

DOCUMENT # F9400003657 (3)

EMSHARE BENEFIT ADMINISTRATORS, INC.

SECRETARY OF STATE Mailing Address Principal Place of Business EINSTATEMENT 9600 SUITE 500 7600 CHEVY CHASE II SUITE 500 7600 CHEVY CHASE II AUSTIN TX 78752 AUSTIN TX 78752 3a, Date 05/01/1995 07/13/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 74-2553812 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 **Trust Fund Contribution** Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET R2 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 poligotions of, Section 607.0505, Florida Statutes. ŞIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Cirange ___ Addition DELETE 1.1 TITLE TITLE 100002021791-MATTINGLY, LARRY A 1.2 NAME NAME . -12/06/96--01019--021 ***1125.00 ****375. 11703 DRAYTON DRIVE 1.3 STREET ADDRESS STREET ADDRESS ****375.00 **AUSTIN TX 78758** CITY - ST - ZV 1.4 CiTY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE JARRETT, VERONICA S 2.2 NAME NAME STREET ADDRESS 13811 MERSEYSIDE DRIVE 2.3 STREET ADDRESS PFLUGERVILLE TX 78660 CITY-SI-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME BOYD, DUANE K JR 3.2 NAME STREET ADDRESS 8700 SILVERHILL LANE 3.3 STREET ADDRESS **AUSTIN TX 78759** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SHIFRIN, KENNETH S NAME 4. 2 NAME 220 HURST CREED ROAD 4.3 STREET ADDRESS STREET ADDRESS **AUSTIN TX 78734** 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE LUKE, RONALD T 5.2 NAME **500 HARRIS AVENUE 5.3 STREET ADDRESS** STREET ADDRESS **AUSTIN TX 78705** CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

14. 1 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adachment with an address.

SIGNATURE:

0101944

Date