

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004278 (7)

1. Corporation Name

DT MANAGEMENT, INC.

Principal Place of Business

410 N. 44TH STREET, STE 700  
PHOENIX AZ 85008

Mailing Address

410 N. 44TH STREET, STE 700  
PHOENIX AZ 85008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1994	
21	755 Crossover Lane	26	755 Crossover Lane	4. FEI Number 86-0594279	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust-Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Memphis, TN	28	Memphis, TN		
24	38117-4900	29	38117-4900		
25	Shelby	30	Shelby		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	
				FL B5 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, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, RICHARD M	1.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	1.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	MEMPHIS, TN 38117-4900	1.4 CITY-ST-ZIP	Memphis, TN 38117-4900
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUCK, DAVID A.	2.2 NAME	
STREET ADDRESS	410 N. 44TH STREET, STE 700	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85008	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BEVERLY S	3.2 NAME	Kristin S. Schloemer
STREET ADDRESS	410 N. 44TH STREET, STE 700	3.3 STREET ADDRESS	410 N. 44th St., #700
CITY-ST-ZIP	PHOENIX AZ 85008	3.4 CITY-ST-ZIP	Phoenix, AZ 85008
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

*Kristin S. Schloemer*

Kristin S. Schloemer 4/2/98

(602)220-6666

CR2E034 (10/97)