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PROFIT CORPORATION ANNUAL REPORT



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

Pg 18f2

1996

| 1. Corporation | MENT # F940 In Name A MANAGEMENT, INC. | 00004826 | (3) | | | | | | | | |
|---|--|---|------------------|-------|---|--|---|--------------------------------|-----------------------|--------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | A INCOME THE SOUR OWN MONT DONE SOUR DESIX ONLY (SING) (SING) (SING) (SING) | | | | | |
| | STREET, SUITE 700 TH TX 76102 | 201 MAIN STREET, SUITE 700 FORT WORTH TX 76102 | | | | | | | | | |
| | | | | | | 3. | Date Incorporated or Qualified 09/15/1994 | 3a. Date 0 | of Last F /12/1 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Addres | s | | | 4. | FF1 Number | 1 | | Applied For | |
| 21 | | 26 | | | | | 75-2900056 | | | Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc | | | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| City & State | e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 Ma Added to F | | | • | | |
| Zip | Country 25 | Z(p | Co 30 | untry | | 8. | This corporation has liability for Florida Statutes Yes | intangible tax | under : | s 199.032, | |
| [24] | g. Name and Address of Cu | L | | I | | 10 | Name and Address of New R | legistered A | gent | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | 84 | City | | | FL | 85 | Zip Code | |
| or registe | to the provisions of Sections 607.0 ered agent, or both, in the State of f ith, and accept the obligations of, 9 | Ilorida. Such change was a | uthorized by the | corp | named corpora oration's board | ation d of c | submits this statement for the pu directors. I hereby accept the app | rpose of char ointment as r | nging its egistere | registered officed agent. I am | |
| SIGNATURE | Signature, typed or printed namin of regeleral | sound and little if again at in | ØNOTE Biolieten | ы А | Esgrature regored | twhen | remshuf-kji | DATE | | | |
| 12. OFFICERS AND DIRECTORS 13 | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | |

| SIGNATURE | signature, byped or printed manni of registeriorhage if and little if applic | atic #SOIt | Registered Agest signature regions to | which renefit () | DATE | |
|-----------------|--|------------|---------------------------------------|---|----------|------------|
| 12. | OFFICERS AND DIRECTO | 13. | | CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PSTD | DELETE | 1 1 TiT;E | See Attached | ☐ Change | Addition |
| NAME | KOLBA, ROBERT E | | 1.2 NAME | | | |
| STREET ADDRESS | 201 MAIN STREET, SUITE 2300 | | 1 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT WORTH TX | | 1.4 CITY - ST / ZIP | | | |
| TITLE | V | DELETE | 2 1 T-ILE | | Change | Addit-on |
| NAME | COTHAM, W R | | 22 NAME | | | |
| STREET ADDRESS | 201 MAIN STREET, SUITE 2600 | | 2 3 STREET ADORESS | | | |
| CITY-ST-ZIP | FORT WORTH TX 76102 | | 2 4 CITY+ST+ZIP | | | |
| TITLE | | CELETE | 3. 1 THLE | | Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 3.4.C-TY - ST - ZIP | | | · <u></u> |
| TITLE | -7.0 | DELETE | 4 1 TITLE | | Change | Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CiTY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 5 1 THLE | | ☐ Change | ☐ Addition |
| NAME | | | 5 2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| C(TY+ST-ZIP | | | 5 4 C:TY - ST - 7/P | | | |
| TITLE | 4 - | DELETE | 6 1 TITLE | | ☐ Change | ☐ Add-tion |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | | |
| CITY - ST - ZIP | A this file | | 64 CHY S1-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)(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 contributor 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, prior a statetiment with an address.

SIGNATURE: _

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Robert Cotham

Dayt me Phone #

· F94000004826

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KOLBA MANAGEMENT, INC. EIN 75-2300056

ROBERT E. KOLBA W. ROBERT COTHAM TODD A. KOLBA PRESIDENT, SECRETARY AND TREASURER VICE PRESIDENT ASSISTANT SECRETARY

DIRECTORS

ROBERT E. KOLBA

ADDRESS FOR ALL OF THE ABOVE:

201 Main Street, Suite 2300 Fort Worth, Texas 76102