

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 26 PM 4:22

DOCUMENT # F94000005936 (9)
 1. Corporation Name
GSL MANAGEMENT CORPORATION

Principal Place of Business 1220 AUGUSTA HOUSTON TX 77057	Mailing Address 1220 AUGUSTA HOUSTON TX 77057
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/17/1994		3a. Date of Last Report	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number 76-0273712		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		29 Zip	
Country		Country	
25		30	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION
 1200 SOUTH PINE ISLAND ROAD
 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
 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 date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT F	1.2 NAME	
STREET ADDRESS	1220 AUGUSTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, GARY L	2.2 NAME	
STREET ADDRESS	1220 AUGUSTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDREY, WILLIAM V	3.2 NAME	
STREET ADDRESS	1220 AUGUSTA	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JAMES E	4.2 NAME	
STREET ADDRESS	1220 AUGUSTA	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSGEN, RHONDA C	5.2 NAME	
STREET ADDRESS	1220 AUGUSTA	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77057	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Rhonda C. Hensgen* **1-20-95**
(Signature and typed or printed name of bonding officer or director)