Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90004 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005936

1. Corporation Name

GSL MANAGEMENT CORPORATION

GOL WAI	AGENERY CONFORMION							
Principal Place	e of Business	Mailing Address	Mailing Address			-	7(1) 99(2) Bille (BISG	Titin arei raai
1220 AUGUSTA 1220 AUGUSTA								
HOUSTON TX 77057 HOUSTON TX 77057						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
						11/17/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	Apr	plied For
21					76-0273712	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Required		1	
22		27	,					
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	- 1
23 Zin	Country	28	Count	rv		8. This corporation owes the current year		7,000
Zip 24	25	·	30	,		Personal Property Tax.		□No
24	9. Name and Address of Currer		1			10. Name and Address of New Register	red Agent	
			8	1 Nai	ne			
	CORPORATION			2 Str	et Addre	ss (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND ROAD		١	2 3	set Addite	as (1.0. box Humber is Not Not place)		
Plan	ITATION FL 33324		8	3				
•			L A	4 City	,		85 Zip C	Code
				- ['		ration submits this statement for the purpos	FL	
 office or n 	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was au tions of, Section 607.0505, Flori	tnonzed b da Statute	y the c ∋s.	orporatior	n's board of directors. I hereby accept the apwhen reinstating) DATE	ppomiment as reg	Jistered
12.		ID DIRECTORS	13.	Join algino	ara roquitos	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	CP	DELETE	1.1 TITLE	-	\neg		☐ Change	☐ Addition
NAME	PARKER, ROBERT F		1.2 NAM	E	-			
STREET ADDRESS	1220 AUGUSTA		1.3 STRE	ET ADDR	ESS			1
CITY-ST-ZIP			1.4 CITY	-ST-ZIP				
TITLE	V ,	☐ DELETE	2.1 TITLE		7	SVP/T	Change	Addition
NAME	HESER, JOHN		2.2 NAM	E		•		
STREET ADDRESS	The state of the s		2.3 STRE	2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
TITLE	D	DELETE 31		•			Change	☐ Addition
NAME	CONDREY, WILLIAM V		32 NAM	E	1			Ì
STREET ADDRESS	1220 AUGUSTA 4TH FL.		3 3 STRE	EET ADDR	ess			
CITY-ST-ZIP	HOUSTON TX 77057			-ST-ZIP	+		Chanca	☐ Addition
TITLE	S	☐ DELETE	4.1 TITLE				☐ Change	[_] Addition
NAME	WISE, RHONDA C		4. 2 NAW					Ì
STREET ADDRESS	1220 AUGUSTA			EET ADOR	ESS			
CITY-ST-ZIP	HOUSTON TX	☐ DELETE	4.4 CITY		+	,	Change	Addition
TITLE		☐ ∩ETE1E	5.1 TITLE 5.2 NAM				change	
NAME				EET ADDR	ESS			
STREET ADDRESS			5.4 CITY					!
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLI				☐ Change	Addition
			6.2 NAM				_ •	
NAME STREET ADDRESS				- Eet addr	ESS			•
DIVICE I WORKEDO	l .				1			i i

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, with all other like empowered.

6.4 CITY-ST-ZIP

JOHN R. NIESER
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR