
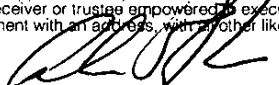


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90033 048 \*\*\*150.00

<b>DOCUMENT # F94000006284</b> 1. Entity Name <b>AUSTIN COMMERCIAL, INC.</b>					
Principal Place of Business <b>3535 TRAVIS SUITE 300 DALLAS, TX 75204</b>			Mailing Address <b>TAX DEPARTMENT P.O. BOX 1590 DALLAS, TX 75221-1590</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-2501531</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WALLS, DAVID B</b> <b>3535 TRAVIS ST STE 300</b> <b>DALLAS, TX 75204</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JACKSON, TONY J</b> <b>3535 TRAVIS ST STE 300</b> <b>DALLAS, TX 75204</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>NELSON, ELAINE</b> <b>3535 TRAVIS ST., STE 300</b> <b>DALLAS, TX 75204</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS <del>SCHRAZ, JAMES E</del> <b>3535 TRAVIS ST., STE 300</b> <b>DALLAS, TX 75204</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BREND W. SCHERTZ</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>MCADOO, WILLIAM C</b> <b>3535 TRAVIS ST., STE 300</b> <b>DALLAS, TX</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>STAKEM, ALAN P</b> <b>3535 TRAVIS ST., STE 300</b> <b>DALLAS, TX</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE:</b>  <b>ALAN STAKEM</b> <span style="float: right;">4/26/07 214-443-5500</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40111153

