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Jan 30 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000006442 (7)

1. Corporation Name
WALDEN SPECIAL CORP.



Principal Place of Business

**5400 LBJ FREEWAY
LB-45, SUITE 400
DALLAS TX 75240**

Mailing Address

**5400 LBJ FREEWAY
LB-45, SUITE 400
DALLAS TX 75240-6223**

3. Date Incorporated or Qualified **12/16/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number **75-2570460** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDWARDS, MARSHALL	
STREET ADDRESS	13601 PRESTON RD.	
CITY - ST - ZIP	DALLAS TX 75240	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DILLINGER, MARK S	
STREET ADDRESS	13601 PRESTON RD.	
CITY - ST - ZIP	DALLAS TX 75240	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HATZENBUEHLER, EDWARD H	
STREET ADDRESS	13601 PRESTON RD.	
CITY - ST - ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMBERTI, STEVE T	
STREET ADDRESS	13601 PRESTON RD.	
CITY - ST - ZIP	DALLAS TX 75240	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BISHAER, NANCY	
STREET ADDRESS	13601 PRESTON ROAD	
CITY - ST - ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
14 CITY - ST - ZIP	Dallas, Texas 75240
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
24 CITY - ST - ZIP	Dallas, Texas 75240
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
34 CITY - ST - ZIP	Dallas, Texas 75240
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
44 CITY - ST - ZIP	Dallas, Texas 75240
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Bisgaier, Nancy
53 STREET ADDRESS	5400 LBJ Freeway, LB 45, Suite 400
54 CITY - ST - ZIP	Dallas, Texas 75240
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

972-788-0510

Date Daytime Phone

CR2E034 (9/96)