

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006564 (8)**

1. Corporation Name:

CSC GENERAL PARTNER, INC.



Principal Place of Business:

PO BOX 31780
AMARILLO TX 79120

Mailing Address:

PO BOX 31780
AMARILLO TX 79120

2. Principal Place of Business:

2a. Mailing Address:

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

06/20/1995

4. FEI Number

75-1507131

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(2) and 607.1503, 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Current Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE

5. ZIP

6. NAME

7. STREET ADDRESS

8. CITY, STATE

9. ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE

13. ZIP

14. NAME

15. STREET ADDRESS

16. CITY, STATE

17. ZIP

18. NAME

19. STREET ADDRESS

20. CITY, STATE

21. ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE

25. ZIP

26. NAME

27. STREET ADDRESS

28. CITY, STATE

29. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE

5. ZIP

6. NAME

7. STREET ADDRESS

8. CITY, STATE

9. ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE

13. ZIP

14. NAME

15. STREET ADDRESS

16. CITY, STATE

17. ZIP

18. NAME

19. STREET ADDRESS

20. CITY, STATE

21. ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE

25. ZIP

26. NAME

27. STREET ADDRESS

28. CITY, STATE

29. ZIP

SIGNATURE: *Michael D. Unruh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 1996 806-376-4223

CR2E034 (12/95)