

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

PROFIT-
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000025 (5)

1. Corporation Name

CCA NORTHEAST, INC.



Principal Place of Business

P.O. BOX 819087
DALLAS TX 75381

Mailing Address

P.O. BOX 819087
DALLAS TX 75381

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/04/1995

3a. Date of Last Report

4. FEI Number

75-2155124

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

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

Signature, typed or printed name of registered agent and date (Applicable)

(NOTE: Registered Agent signature required when not at sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JOHNSON, ROBERT
STREET ADDRESS 3030 LBJ FREEWAY, SUITE 700
CITY-ST-ZIP DALLAS TX 75234

☒ DELETE

TITLE DV
NAME CARROLL, MICHAEL
STREET ADDRESS 3030 LBJ FREEWAY, SUITE 700
CITY-ST-ZIP DALLAS TX 75234

☒ DELETE

TITLE S
NAME TAYLOR, TERRY
STREET ADDRESS 3030 LBJ FREEWAY, SUITE 700
CITY-ST-ZIP DALLAS TX 75234

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE P
1.2 NAME James Hinckley
1.3 STREET ADDRESS 3030 LBJ Fwy Ste 700
1.4 CITY-ST-ZIP Dallas, TX 75234

☐ Change ☒ Addition

2.1 TITLE VP
2.2 NAME Jeffrey Jahnke
2.3 STREET ADDRESS 3030 LBJ Fwy Ste 700
2.4 CITY-ST-ZIP Dallas, TX 75234

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)