

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000258 (2)

1. Corporation Name

SOURCE SERVICES CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 152550
IRVING TX 75015-2250

P.O. BOX 152550
IRVING TX 75015-2250

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5580 LBJ Freeway

26 PO Box 809021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27

City & State

City & State

23 DALLAS, TX

28 DALLAS, TX

Zip

Zip

24 75240

Country

Country

25 USA

29 75380-9021

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title, if applicable

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WARD, D L
STREET ADDRESS 3805 PENNSYLVANIA AVENUE
CITY-ST-ZIP PLANO TX

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME EMIGH, WAYNE
STREET ADDRESS 1720 CLIFFVIEW DRIVE
CITY-ST-ZIP PLANO TX

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ALLRED, JOHN
STREET ADDRESS 11504 CANTERBURY CIRCLE
CITY-ST-ZIP LEAWOOD KS

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME ALTER, ADRIAN
STREET ADDRESS 5435 BENT TREE DRIVE
CITY-ST-ZIP DALLAS TX

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME BASS JR, PAUL
STREET ADDRESS 7 STONECOURT
CITY-ST-ZIP DALLAS TX

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME SIFONIS, JOHN
STREET ADDRESS 2205 MEDITERRANEAN AVENUE
CITY-ST-ZIP ARLINGTON TX

☐ DELETE

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(214) 385-3002
Daytime Phone #

CR2E034 (12/95)