

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 # **F95000003339 (7)**

1. Corporation Name

ESPEY, HUSTON & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 519
AUSTIN TX 78767-0519

P.O. BOX 519
AUSTIN TX 78767-0519

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

74-1760837

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JASPER, CHARLES T	
STREET ADDRESS	206 WILD BASIN ROAD, STE 300	
CITY - ST - ZIP	AUSTIN TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PARKER, MICHAEL W	
STREET ADDRESS	206 WILD BASIN ROAD, STE 300	
CITY - ST - ZIP	AUSTIN TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TAKADA, DAIZO	
STREET ADDRESS	300 NORTH LAKE AVE., STE 920	
CITY - ST - ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, STEPHEN W	
STREET ADDRESS	300 NORTH LAKE AVE., STE 920	
CITY - ST - ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, EVERETT M	
STREET ADDRESS	206 WILD BASIN ROAD, STE 300	
CITY - ST - ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARP, H B	
STREET ADDRESS	206 WILD BASIN ROAD, STE 300	
CITY - ST - ZIP	AUSTIN TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Michael W. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Parker 02/23/96 512/327-6840

Date

Daytime Phone #

CR2E034 (12/95)