

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 10 1998 8:00am
Secretary of State

DOCUMENT # **F95000003689 (5)**

1. Corporation Name
ACADIA MGP, INC.

Principal Place of Business
**201 MAIN STREET, SUITE 3100
FORT WORTH TX 76102**

Mailing Address
**201 MAIN STREET, SUITE 3100
FORT WORTH TX 76102**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1995

4. FEI Number
75-2425854

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE #2
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PD
CRANDALL, J. T**
STREET ADDRESS
201 MAIN STREET, SUITE 3100
CITY-ST-ZIP
FORT WORTH TX 76102

TITLE ☐ DELETE

NAME
**VST
COTHAM, W R**
STREET ADDRESS
201 MAIN STREET, SUITE 2800
CITY-ST-ZIP
FORT WORTH TX 76102

TITLE ☐ DELETE

NAME
**VASO
AUGUST, GLENN R**
STREET ADDRESS
65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP
NEW YORK NY 10022

TITLE ☐ DELETE

NAME
**VASO
GRUBER, STEVEN G**
STREET ADDRESS
65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP
NEW YORK NY 10022

TITLE ☐ DELETE

NAME
**D
DOCTOROFF, DANIEL L**
STREET ADDRESS
65 EAST 55TH STREET, 32ND FLOOR
CITY-ST-ZIP
NEW YORK NY 10022

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Sandra B. Mortham

CR2E034 (10/97)