

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003689** ✓

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**

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90019 010 \*\*\*550.00



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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRANDALL, J. T</b>	
STREET ADDRESS	<b>201 MAIN STREET, SUITE 3100</b>	
CITY-ST-ZIP	<b>FORT WORTH TX 76102</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>COTHAM, W R</b>	
STREET ADDRESS	<b>201 MAIN STREET, SUITE 2600</b>	
CITY-ST-ZIP	<b>FORT WORTH TX 76102</b>	
TITLE	<b>VASD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AUGUST, GLENN R</b>	
STREET ADDRESS	<b>65 EAST 55TH STREET, 32ND FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>VASD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUBER, STEVEN G</b>	
STREET ADDRESS	<b>65 EAST 55TH STREET, 32ND FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOCTOROFF, DANIEL L</b>	
STREET ADDRESS	<b>65 EAST 55TH STREET, 32ND FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0120478