

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # F95000003704 (2)

1. Corporation Name

ACRON KAPITAL UND IMMOBILIEN GMBH

Principal Place of Business

2911 TURTLE CREEK BLVD  
SUITE 300  
DALLAS TX 75219

Mailing Address

2911 TURTLE CREEK BLVD  
SUITE 300  
DALLAS TX 75219



3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 the applicable

(NOTE: Registered Agent's Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME SCHNITZLER, KLAUS-MICHAEL  
STREET ADDRESS MORSENBROICHER WEG 200  
CITY-ST-ZIP D-40470 DUSSELDORF GERMANY

DELETE

TITLE D  
NAME STURM, HEINRICH  
STREET ADDRESS MORSENBROICHER WEG 200  
CITY-ST-ZIP D-40470 DUSSELDORF GERMANY

DELETE

TITLE PAS  
NAME WILLIAMS, DALE A  
STREET ADDRESS 15 E. 5TH ST, SUITE 2700  
CITY-ST-ZIP TULSA OK 74103

DELETE

TITLE S  
NAME ADERHOLD, J. CULLEN  
STREET ADDRESS 4301 THANKSGIVING TOWER, 1601 ELM ST  
CITY-ST-ZIP DALLAS TX 75201

DELETE

TITLE V  
NAME MCCORKLE, NOREEN  
STREET ADDRESS 15 E. 5TH ST, SUITE 2700  
CITY-ST-ZIP TULSA OK 74103

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

Change Addition

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

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

700001810197  
-05/07/96--01010--014  
\*\*\*200.00

Change Addition

22  
5.1

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

4-25-96

(918) 5830938

Daytime Phone

Daytime Phone

CR2E034 (12/95)