

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

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000003761 (2)

1. Corporation Name  
STANFORD GROUP COMPANY

Principal Place of Business

5050 WESTHEIMER  
HOUSTON TX 77056

Mailing Address

5050 WESTHEIMER  
HOUSTON TX 77056-5608



2. Principal Place of Business

21 Suite Apt. # etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified

08/03/1995

3a. Date of Last Report

11/20/1996

4. FEI Number

76-0477228

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	P	<input type="checkbox"/> DELETE
NAME	COMEAX, JAY	
STREET ADDRESS	445 NORTH BLVD-8TH FLOOR	
CITY-ST-ZIP	BATON ROUGE LA 70802	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANFORD, R A	
STREET ADDRESS	FRIAR'S HILL ROAD (RESIDENTIAL)	
CITY-ST-ZIP	ST. JOHN'S ANTIGUA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRULLENQUE, ALVARO	
STREET ADDRESS	5050 WESTHEIMER	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	EVPS	<input type="checkbox"/> DELETE
NAME	MCCORKLE, ELLEN	
STREET ADDRESS	5050 WESTHEIMER	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	MCCORKLE, ELLEN	
STREET ADDRESS	5050 WESTHEIMER	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	LEGAYE, MELINDA	
STREET ADDRESS	4200 RESEARCH FOREST DR. #500	
CITY-ST-ZIP	THE WOODLANDS TX 77381	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CEO
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	5050 Westheimer
64 CITY-ST-ZIP	Houston, Texas 77056

14. I do 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:

*Ellen P. McCorkle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen McCorkle, SEC/EVP/COO 1/24/97 (713) 964-8300

Date

Daytime Phone #

CR2E034 (9/96)