


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000006037</b> 1. Entity Name IHC/CG PORTFOLIO CORPORATION	
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Principal Place of Business 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207	Mailing Address 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207
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**DO NOT WRITE IN THIS SPACE**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1772862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000126472 04/23/04-60034-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KLEISNER, FREDERICK J 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOV TENG, TED 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV SMITH, RICK 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT HENDRICK, JUDY 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CHLOUPEK, MARK 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS GOSCH, PHILIP 1950 STEMMONS FRWY STE 6001 DALLAS, TX 75207

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:  **Mark M. Chloupek** 4-2-04 214 8631000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #