

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

FILED  
May 06 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 # F96000002108 (6)

1. Corporation Name  
NATACQ, INC.



Principal Place of Business  
1201 ELM STREET, SUITE 5400  
DALLAS TX 75270

Mailing Address  
1201 ELM STREET, SUITE 5400  
DALLAS TX 75270-2103

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

4. FEI Number

75-2619474

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd.  
83  
84 City  
Plantation  
85 Zip Code  
FL 33324

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 Mary R. Adams, Asst Sec 3/14/97

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	PC	<input type="checkbox"/> DELETE
NAME	HEITMEYER, RICHARD A	
STREET ADDRESS	1201 ELM STREET, SUITE 5400	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, JONATHAN	
STREET ADDRESS	1201 ELM STREET, SUITE 5400	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HYDE, JOE T	
STREET ADDRESS	1201 ELM STREET, SUITE 5400	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	PRIMIANO, VINCENT	
STREET ADDRESS	1201 ELM STREET, SUITE 5400	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISENBACHER, JUSTIN F	
STREET ADDRESS	1201 ELM STREET, SUITE 5400	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph Whelan	
1.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd #100	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	Secretary/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John E. Ramsey	
2.3 STREET ADDRESS	2414 Peachtree Rd, #660	
2.4 CITY-ST-ZIP	Atlanta, GA 30326	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Hamilton	
3.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd #1100	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donald Greetham	
4.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd #1100	
4.4 CITY-ST-ZIP	West Palm Beach FL 33401	
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 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:

*[Signature]* V.P.

4/29/97

661-689-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)