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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 # F96000004031 (8)

1. Corporation Name
TCR METRO, INC.

Principal Place of Business	Mailing Address
717 N. HARWOOD. SUITE 1200. LB128 DALLAS TX 75201	717 N. HARWOOD. SUITE 1200. LB128 DALLAS TX 75201

3. Date Incorporated or Qualified: 08/06/1996
3a. Date of Last Report:

2. Principal Place of Business
21 541 South Orlando
Suite, Apt. #, etc.
22 Suite 210
City & State
23 Maitland FL
Zip 24 32751 Country 25 Orange

2a. Mailing Address
26 541 South Orlando
Suite, Apt. #, etc.
27 Suite 210
City & State
28 Maitland FL
Zip 29 32751 Country 30 Orange

4. FEI Number: 75-2661934 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOEKSEMA, DOUGLAS A		1.2 NAME		
STREET ADDRESS	541 SOUTH ORLANDO AVENUE, STE 210		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROW, HARLAN R		2.2 NAME		
STREET ADDRESS	2001 ROSS AVENUE, STE 3500		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PACE, RANDY J		3.2 NAME		
STREET ADDRESS	541 SOUTH ORLANDO AVENUE, STE 210		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TERWILLIGER, J R		4.2 NAME		
STREET ADDRESS	2859 PACES FERRY RD., STE 1400		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELWELL, DAVID J		5.2 NAME		
STREET ADDRESS	2859 PACES FERRY RD., STE 1400		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, LEONARD W		6.2 NAME		
STREET ADDRESS	2859 PACES FERRY RD., STE 1400		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Douglas Hoeksema 4/25/97 4079756120