

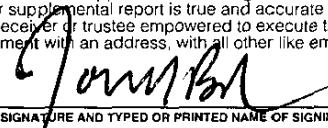


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90021 027 \*\*\*150.00

<b>DOCUMENT # F96000004226</b> 1. Entity Name <b>THEMIS CAPITAL CORPORATION</b>					
Principal Place of Business <b>500 N AKARD SUITE 1900 DALLAS, TX 75201 US</b>			Mailing Address <b>500 N AKARD SUITE 1900 DALLAS, TX 75201 US</b>		
2. Principal Place of Business <b>5000 Quorum Dr Ste 200</b> Suite, Apt., etc. <b>Ste 200</b> City & State <b>Dallas TX</b> Zip <b>75254</b> Country <b>USA</b>		3. Mailing Address <b>5000 Quorum Dr Ste 200</b> Suite, Apt., etc. <b>Ste 200</b> City & State <b>Dallas TX</b> Zip <b>75254</b> Country <b>USA</b>			
03012004 Chg-P CR2E034 (10/03)				4. FEI Number <b>75-2667539</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS MORRIS, JARED 500 NORTH AKARD, STE. 1900 DALLAS, TX 75201</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRIS, MILLARD E 500 NORTH AKARD, STE. 1900 DALLAS, TX 75201</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP BUCK, JOHN R 500 NORTH AKARD, STE. 1900 DALLAS, TX 75201</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP STEWART, JASON 500 NORTH AKARD, STE. 1900 DALLAS, TX 75201</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>3/1/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					