

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F96000005047**

1. Entity Name  
**IHC REALTY CORPORATION**



Principal Place of Business

**1950 STEMMONS FRWY  
STE 6001  
DALLAS, TX 75207**

Mailing Address

**1950 STEMMONS FRWY  
STE 6001  
DALLAS, TX 75207**



03292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**25-1727175**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**000000126465  
04/23/04-80034-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO
NAME	KLEISNER, FRED
STREET ADDRESS	1950 STEMMONS FRWY #6001
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	COOV
NAME	TENG, TED
STREET ADDRESS	1950 STEMMONS FRWY #6001
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	CFOV
NAME	SMITH, RICK
STREET ADDRESS	1950 STEMMONS FRWY #6001
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	VPT
NAME	HENDRICK, JUDY
STREET ADDRESS	1950 STEMMONS FRWY #6001
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	VPS
NAME	CHLOUPEK, MARK
STREET ADDRESS	1950 STEMMONS FRWY., STE. 6100
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	VPAS
NAME	GOSCH, PHILIP
STREET ADDRESS	1950 STEMMONS FRWY., STE. 6100
CITY - ST - ZIP	DALLAS, TX 75207

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark M. Chloupek**

**4-2-04**

Date

Daytime Phone #

**214 863 1000**