


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F96000005049</b> 1. Entity Name <b>IHC MEMBER CORPORATION</b>	
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Principal Place of Business <b>1950 STEMMONS FREEWAY STE 6001 DALLAS, TX 75207</b>	Mailing Address <b>1950 STEMMONS FREEWAY STE 6001 DALLAS, TX 75207</b>
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03292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-1770158</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**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

**1000000126463**  
**04/23/04-80034-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEOP KLEISNER, FRED 1950 STEMMONS FRWY #6001 DALLAS, TX 75207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>COOV TEHQ, TED 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFOV SMITH, RICK 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVPT HENDRICK, JUDY 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPS CHLOUPEK, MARK 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPAS GOSCH, PHILIP 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207</b>

**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**

Date

Daytime Phone #

**4-2-04 214 863 1000**