

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 30 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 # F96000005146 (3)

1. Corporation Name  
GTS PARTNER, INC.

Principal Place of Business  
14180 DALLAS PKWY #618  
DALLAS TX 75240

Mailing Address  
14180 DALLAS PKWY #618  
DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1996  
3a. Date of Last Report

4. FEI Number 75-2539126  
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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 POEO  
NAME LEV, JAMES H  
STREET ADDRESS 85 LARCHMONT  
CITY-ST-ZIP LARCHMONT NY 10538 ☐ DELETE

TITLE S  
NAME LEV, JAMES H  
STREET ADDRESS 85 LARCHMONT  
CITY-ST-ZIP LARCHMONT NY 10538 ☐ DELETE

TITLE V  
NAME HERNDON, STANLEY R  
STREET ADDRESS 8305 FENCHURCH  
CITY-ST-ZIP DALLAS TX 75238 ☒ DELETE

TITLE V  
NAME GLAZER, MICHAEL  
STREET ADDRESS 11726 SERAMA  
CITY-ST-ZIP DES PERES MO 63131 ☐ DELETE

TITLE V  
NAME LLEWELLYN, JIM  
STREET ADDRESS 1823 SANDLEWOOD  
CITY-ST-ZIP GRAPEVINE TX 76051 ☐ DELETE

TITLE V  
NAME TAYLOR, CHERYL  
STREET ADDRESS 1319 SAVOY  
CITY-ST-ZIP CARROLLTON TX 75006 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: C/SIGNATURE REQUIRED 9/27/97 977-393-1590

CR2E034 (4/97)