

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005529 (0)

1. Corporation Name
STONERSIDE STABLE GP, INC.



Principal Place of Business 1800 SMITH STREET, SUITE 4300 HOUSTON TX 77002	Mailing Address 1800 SMITH STREET, SUITE 4300 HOUSTON TX 77002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 711 Louisiana Suite, Apt. #, etc. 22 33rd Floor City & State 23 Houston, TX Zip 24 77002		2a. Mailing Address 26 711 Louisiana Suite, Apt. #, etc. 27 33rd Floor City & State 28 Houston, TX Zip 29 77002		3. Date Incorporated or Qualified 10/24/1996	
25 USA		30 USA		4. FEI Number 76-0428539	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, ROBERT C	1.2 NAME	
STREET ADDRESS	1800 SMITH STREET, SUITE 4300	1.3 STREET ADDRESS	711 Louisiana, 33rd Floor
CITY-ST-ZIP	HOUSTON TX 77002	1.4 CITY-ST-ZIP	Houston, TX 77002
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, DONALD R JR	2.2 NAME	
STREET ADDRESS	1800 SMITH STREET, SUITE 4300	2.3 STREET ADDRESS	711 Louisiana, 33rd Floor
CITY-ST-ZIP	HOUSTON TX 77002	2.4 CITY-ST-ZIP	Houston, TX 77002
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, D C	3.2 NAME	
STREET ADDRESS	1800 SMITH STREET, SUITE 4300	3.3 STREET ADDRESS	711 Louisiana, 33rd Floor
CITY-ST-ZIP	HOUSTON TX 77002	3.4 CITY-ST-ZIP	Houston, TX 77002
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, R C JR	4.2 NAME	
STREET ADDRESS	1800 SMITH STREET, SUITE 4300	4.3 STREET ADDRESS	711 Louisiana, 33rd Floor
CITY-ST-ZIP	HOUSTON TX 77002	4.4 CITY-ST-ZIP	Houston, TX 77002
TITLE	VCFO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRIGAN, JAMES M	5.2 NAME	
STREET ADDRESS	1800 SMITH STREET, SUITE 4300	5.3 STREET ADDRESS	711 Louisiana, 33rd Floor
CITY-ST-ZIP	HOUSTON TX 77002	5.4 CITY-ST-ZIP	Houston, TX 77002
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, JANICE S	6.2 NAME	
STREET ADDRESS	1800 SMITH STREET, SUITE 4300	6.3 STREET ADDRESS	711 Louisiana, 33rd Floor
CITY-ST-ZIP	HOUSTON TX 77002	6.4 CITY-ST-ZIP	Houston, TX 77002

14. 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 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 changed, or on an attachment with an address.

SIGNATURE *James M. Kendrigan* James M. Kendrigan 4/21/98 (713) 336-7800

CR2E034 (10/97)