

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90090 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005529

1. Corporation Name
STONERSIDE STABLE GP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**711 LOUISIANA
 33RD FLOOR
 HOUSTON TX 77008
 US**

Mailing Address
**711 LOUISIANA
 33RD FLOOR
 HOUSTON TX 77002
 US**

3. Date Incorporated or Qualified
10/24/1996

4. FEI Number
76-0428539

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **77002** 25 29 30

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **CD MCNAIR, ROBERT C**

STREET ADDRESS **711 LOUISIANA, 33RD FLOOR**

CITY-ST-ZIP **HOUSTON TX 77002**

TITLE DELETE

NAME **CEO KENDALL, DONALD R JR**

STREET ADDRESS **711 LOUISIANA, 33RD FLOOR**

CITY-ST-ZIP **HOUSTON TX 77002**

TITLE DELETE

NAME **M MCNAIR, D C**

STREET ADDRESS **711 LOUISIANA, 33RD FLOOR**

CITY-ST-ZIP **HOUSTON TX 77002**

TITLE DELETE

NAME **M MCNAIR, R C JR**

STREET ADDRESS **711 LOUISIANA, 33RD FLOOR**

CITY-ST-ZIP **HOUSTON TX 77002**

TITLE DELETE

NAME **M KENDRIGAN, JAMES M**

STREET ADDRESS **711 LOUISIANA, 33RD FLOOR**

CITY-ST-ZIP **HOUSTON TX 77002**

TITLE DELETE

NAME **V MCNAIR, JANICE S**

STREET ADDRESS **711 LOUISIANA, 33RD FLOOR**

CITY-ST-ZIP **HOUSTON TX 77002**

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 **P Marcus Robert Dussler**

2.3 STREET ADDRESS **711 Louisiana, 33rd Floor**

2.4 CITY-ST-ZIP **Houston, TX 77002**

3.1 TITLE Change Addition

3.2 NAME **V/T/S Richard A. Lydecker**

3.3 STREET ADDRESS **711 Louisiana, 33rd Floor**

3.4 CITY-ST-ZIP **Houston, TX 77002**

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 **V Kendrigan, James M**

5.3 STREET ADDRESS **711 Louisiana, 33rd Floor**

5.4 CITY-ST-ZIP **Houston, TX 77002**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: _____ James M. Kendrigan 1/15/99 (713) 336-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)