


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
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005660 (3)

1. Corporation Name

DJS HOLDINGS OF DELAWARE, INC.

Principal Place of Business

% GE CAPITAL REALTY GROUP/2 BENT TREE TWR
16479 DALLAS PKWY SUITE 400
DALLAS TX 75248-2661

Mailing Address

% GE CAPITAL REALTY GROUP/2 BENT TREE TWR
16479 DALLAS PKWY SUITE 400
DALLAS TX 75248-2661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/31/1996

4. FEI Number

Applied For

75-2674760

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

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	PD	<input type="checkbox"/> DELETE
NAME	FRAZIER, MICHAEL D	
STREET ADDRESS	292 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06927	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HUDSPETH, MICHAEL	
STREET ADDRESS	% GE CAPITAL REALTY GROUP/2 BENT TREE TWR	
CITY-ST-ZIP	DALLAS TX 75248-2661	

TITLE	V	<input type="checkbox"/> DELETE
NAME	RIGGS, ROBERT	
STREET ADDRESS	% GE CAPITAL REALTY GROUP/2 BENT TREE TWR	
CITY-ST-ZIP	DALLAS TX 75248-2661	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHUTZ, PAMELA S	
STREET ADDRESS	% GE CAPITAL REALTY GROUP/2 BENT TREE TWR	
CITY-ST-ZIP	DALLAS TX 75248-2661	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WHEELLESS, BRUCE	
STREET ADDRESS	% GE CAPITAL REALTY GROUP/2 BENT TREE TWR	
CITY-ST-ZIP	DALLAS TX 75248-2661	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MAGUIRE, SUSAN	
STREET ADDRESS	% GE CAPITAL REALTY GROUP/2 BENT TREE TWR	
CITY-ST-ZIP	DALLAS TX 75248-2661	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst Treas - TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARY J. SCHULMAN	
1.3 STREET ADDRESS	770 Long Ridge Rd	
1.4 CITY-ST-ZIP	Stamford, CT 06927	

2.1 TITLE	Vice President - TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey L. Hyde	
2.3 STREET ADDRESS	770 Long Ridge Road	
2.4 CITY-ST-ZIP	Stamford, CT 06927	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID B. HENRY	
3.3 STREET ADDRESS	292 Long Ridge Road	
3.4 CITY-ST-ZIP	Stamford, CT 06927	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

M. SZYMATLIK

8-5-97

202-350-1171

CR2E034 (4/97)