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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000500 (5)

ARCHON MANAGEMENT GEN-PAR, INC.

rincipal Place of Business	Mailing Address
200 Las Colinas BLVD #1900	600 LAS COLINAS BLVD #1900
RVING TX 75039	IRVING TX 75039

FILED May 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **其際 第28 第2** 75 - 26 8 7 8 1 9 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes TT No. Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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 tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition ROTHENBERG, STUART M NAME 1.2 NAME 85 BROAD ST STREET ADDRESS 1.3 STREET ADDRESS NY NY 10004 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE Change Addition 2.1 TITLE NEIDICH, DANIEL M NAME 2.2 NAME **85 BROAD ST** STREET ADDRESS 2.3 STREET ADDRESS NY NY 10004 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition SISKIND, EDWARD M NAME 3.2 NAME 85 BROAD ST STREET ADDRESS 3 3 STREET ADDRESS NY NY 10004 CITY-ST-ZIP 34. CITY-ST-ZIP **X** DELETE Change Addition TITLE 4.1 TITLE HAMAMOTO, DAVID T NAME 4. 2 NAME **85 BROAD ST** STREET ADDRESS 4.3 STREET ADDRESS NY NY 10004 CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE KLINGHER, MICHAEL K NAME 5.2 NAME 85 BROAD ST STREET ADDRESS 5.3 STREET ADDRESS NY NY 10004 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ROSENBERG, RALPH F NAME 6.2 NAME 85 BROAD ST STREET ADDRESS **6.3 STREET ADDRESS** NY NY 10004 CITY-ST-ZIP

14. Thereby 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

Barger

ASSISTANT SECRETARY

4/28/98