

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

FILED

Mar 16 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 # F97000001395 (9)

1. Corporation Name
AGH GP, INC.



Principal Place of Business % AMERICAN GENERAL HOSPITALITY INC. 3880 W. NORTHWEST HWY., STE. 300 DALLAS TX 75220	Mailing Address % AMERICAN GENERAL HOSPITALITY INC. 3880 W. NORTHWEST HWY., STE. 300 DALLAS TX 75220
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

75-2648834

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
21 5605 MacArthur Blvd.

Suite, Apt. #, etc.
22 Suite 1200

City & State
23 Irving, TX

Zip
24 75038

2a. Mailing Address
26 5605 MacArthur Blvd.

Suite, Apt. #, etc.
27 Suite 1200

City & State
28 Irving, TX

Zip
29 75038

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	CP	<input type="checkbox"/> DELETE
NAME	JORNS, STEVEN D	
STREET ADDRESS	3880 W. NORTHWEST HWY., STE. 300	
CITY-ST-ZIP	DALLAS TX 75220	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WORMS, JAMES	
STREET ADDRESS	3880 W. NORTHWEST HWY., STE. 300	
CITY-ST-ZIP	DALLAS TX 75220	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANCE, KENT	
STREET ADDRESS	3880 W. NORTHWEST HWY., STE. 300	
CITY-ST-ZIP	DALLAS TX 75220	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WILES, BRUCE G	
STREET ADDRESS	3880 W. NORTHWEST HWY., STE. 300	
CITY-ST-ZIP	DALLAS TX 75220	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARR, KENNETH E	
STREET ADDRESS	3880 W. NORTHWEST HWY., STE. 300	
CITY-ST-ZIP	DALLAS TX 75220	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5605 MacArthur Blvd., Suite 1200
1.4 CITY-ST-ZIP	Irving, TX 75038

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5605 MacArthur Blvd., Suite 1200
2.4 CITY-ST-ZIP	Irving, TX 75038

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5605 MacArthur Blvd., Suite 1200
3.4 CITY-ST-ZIP	Irving, TX 75038

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5605 MacArthur Blvd., Suite 1200
4.4 CITY-ST-ZIP	Irving, TX 75038

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5605 MacArthur Blvd., Suite 1200
5.4 CITY-ST-ZIP	Irving, TX 75038

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 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:

Bruce G. Wiles Ex. Vice President 3/6/98 (972) 550-6800

CR2E034 (10/97)