

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90119 020 ***150.00

DOCUMENT # F97000001395

1. Corporation Name

AGH GP, INC.



Principal Place of Business

Mailing Address

5605 MACARTHUR BLVD
SUITE 1200
IRVING TX 75038
US

5605 MACARTHUR BLVD
SUITE 1200
IRVING TX 75038
US

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Menstar

26 c/o Menstar

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1010 Wisconsin Ave, NW

27 1010 Wisconsin Ave, NW

City & State

City & State

23 Washington, DC

28 Washington, DC

Zip

Country

Zip

Country

24 20007

25 USA

29 20007

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME JORNS, STEVEN D
STREET ADDRESS 5605 MACARTHUR BLVD, SUITE 1200
CITY-ST-ZIP IRVING TX 75038

☒ DELETE

TITLE D
NAME WORMS, JAMES
STREET ADDRESS 5605 MACARTHUR BLVD, SUITE 1200
CITY-ST-ZIP IRVING TX 75038

☐ DELETE

TITLE D
NAME HANCE, KENT
STREET ADDRESS 5605 MACARTHUR BLVD, SUITE 1200
CITY-ST-ZIP IRVING TX 75038

☐ DELETE

TITLE V
NAME WILES, BRUCE G
STREET ADDRESS 5605 MACARTHUR BLVD, SUITE 1200
CITY-ST-ZIP IRVING TX 75038

☐ DELETE

TITLE ST
NAME BARR, KENNETH E
STREET ADDRESS 5605 MACARTHUR BLVD, SUITE 1200
CITY-ST-ZIP IRVING TX 75038

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

CEO
Paul Whetsell
1010 Wisconsin Ave, NW
Washington, DC 20007

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

President

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Assistant Secretary
Bennett, Christopher L.
1010 Wisconsin Ave, NW
Washington, DC 20007

☐ Change

☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowered.

SIGNATURE REQUIRED

3/18/99

202-295-2316

Date

Daytime Phone #

CR2E034 (11/98)