

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**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90015 002 \*\*\*450.00

DOCUMENT # **F97000003130**

1. Corporation Name

**BRC TECHNOLOGY SERVICES, INC.**



Principal Place of Business Mailing Address  
**1111 W. MOCKINGBIRD LANE #1400** **1111 W. MOCKINGBIRD LANE #1400**  
**DALLAS TX 75247-5014** **DALLAS TX 75247-5014**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
**21 2828 N. Haskell 10th Fl** **26 2828 N. Haskell 10th Fl**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23 Dallas TX 75204** **28 Dallas TX 75204**  
Zip Country Zip Country  
**24** **25 USA** **29** **30 USA**

3. Date Incorporated or Qualified

**06/16/1997**

4. FEI Number

**75-2709080**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**C/O CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD**  
**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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORRISON, JERRY L</b>	
STREET ADDRESS	<b>1111 W. MOCKINGBIRD LANE #1400</b>	
CITY-ST-ZIP	<b>DALLAS TX 75247-5014</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRALY, THOMAS E</b>	
STREET ADDRESS	<b>1111 W. MOCKINGBIRD LANE #1400</b>	
CITY-ST-ZIP	<b>DALLAS TX 75247-5014</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ESPING, PERRY E</b>	
STREET ADDRESS	<b>1111 W. MOCKINGBIRD LANE #1400</b>	
CITY-ST-ZIP	<b>DALLAS TX 75247-5014</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Harvey Braswell</b>	
13 STREET ADDRESS	<b>2828 N. Haskell 10th Fl Dallas TX 75204</b>	
14 CITY-ST-ZIP		
21 TITLE	<b>Secretary, Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>David W. Black</b>	
23 STREET ADDRESS	<b>2828 N. Haskell 10th Fl Dallas TX 75204</b>	
24 CITY-ST-ZIP		
31 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Jeffrey A. Rich</b>	
33 STREET ADDRESS	<b>2828 N. Haskell 10th Fl Dallas TX 75204</b>	
34 CITY-ST-ZIP		
41 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Henry Hortenstine</b>	
43 STREET ADDRESS	<b>2828 N. Haskell 8th Floor Dallas TX 75204</b>	
44 CITY-ST-ZIP		
51 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Nancy P. Vineyard</b>	
53 STREET ADDRESS	<b>3988 N. Central Expressway Dallas TX 75204</b>	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 empowered.

SIGNATURE:

Secretary

2/8/99 214-841-6197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)