


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F97000003677 1. Entity Name OLY MANAGERS, INC.	
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FILED

04 APR 21 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5080 SPECTRUM DRIVE, STE 1050E ADDISON TX 75001	Mailing Address 5080 SPECTRUM DRIVE, STE 1050E ADDISON TX 75001
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MOORE CR2E034 (11/03) *04*

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 75-2585481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900035793819 05/10/04--01020--011 **150.00 City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	CEOP <input type="checkbox"/> Delete NAME DENIGER, DAVID B STREET ADDRESS 5080 SPECTRUM DRIVE, STE 1050E CITY-ST-ZIP ADDISON TX 75001
TITLE	VS <input type="checkbox"/> Delete NAME SMITH, TIMOTHY B STREET ADDRESS 5080 SPECTRUM DRIVE, STE 1050E CITY-ST-ZIP ADDISON TX 75001
TITLE	VP <input type="checkbox"/> Delete NAME HOYL, RON J STREET ADDRESS 5080 SPECTRUM DRIVE, STE 1050E CITY-ST-ZIP ADDISON TX 75001
TITLE	VP <input checked="" type="checkbox"/> Delete NAME HANRATTIE, CLARK STREET ADDRESS 5080 SPECTRUM DRIVE, STE 1050E CITY-ST-ZIP ADDISON TX 75001
TITLE	VP <input type="checkbox"/> Delete NAME ADAIR, GREGORY C STREET ADDRESS 5080 SPECTRUM DRIVE, STE 1050E CITY-ST-ZIP ADDISON TX 75001
TITLE	VP <input type="checkbox"/> Delete NAME LANDIN, ROBERT P STREET ADDRESS 5080 SPECTRUM DRIVE, STE 1050E CITY-ST-ZIP ADDISON TX 75001

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jennifer Folk STREET ADDRESS 5080 Spectrum Drive, Suite 1050 E CITY-ST-ZIP Addison, Texas 75001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ron J. Hoyl* 3-29-04 972-980-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *B*

Ron J. Hoyl, Vice President