2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI											
DOCUMENT # F9700003678 1. Entity Name HMTF/OLYMPUS GP, INC.								• •	LED	o. 20	
						TEE!		05 APR 1	4 Pil 6	<u>. 30</u>	
Principal Place of Business Mailing Address 5080 SPECTRUM DRIVE, STE 1050E 5080 SPECTRUM DRIVE					050E	<u>-</u>		13113113	nt on s SSEE FL	IX.L ORILA	
ADDISON, TX		. • • • • • • • • • • • • • • • • • • •	ADDISON, TX 75001			F (61)262 FF(6	(8(1) (86() 88() 88() 88		110 AUG 1800 IS		
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04072005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State				4. FEI Numbe 75-2594			<u> </u>	oplied For ot Applicable
Zip		Country	Zip Country				5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current R			egistered Agent				7. Name and Address of New Registered Agent				
Name											
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street A	ddress (i	P.O. Box Numbe	r is Not Acceptab	le)		
			City						FL	Zip Cod	e
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.											and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.											
10.		OFFICERS AND	DIRECTORS	11.	-		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	VP		☐ Delete	TITL	_	VP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BARTLIN 5080 SPE ADDISON		EET ADDRESS	5080	er Carla Spectrum son, Texa	n Drive, S	Ste 105	0 E			
TITLE	CEOP		☐ Delete	TITL		VP	oon, rex	13 73001		☐ Change	★ Addition
NAME	1 .	R, DAVID B	2505	NAME			olk, Jennifer				
STREET ADDRESS CITY-ST-ZIP	ľ	CTRUM DRIVE, STE 1	USUE. 		EET ADDRESS '-ST-ZIP	5080 Addi:	Spectrum son, Texa	n Drive, S as 75001	Ste. 10	50 E	
TITLE NAME	VAS HOYL, RO	TITL						☐ Change	Addition		
STREET ADDRESS CITY+ST-ZIP	DRESS 5080 SPECTRUM DRIVE, STE 1050E										
TITLE	VP	<u>-i-</u> .	☐ Delete	TITL	E			•		☐ Change	Addition
NAME	MINICK, ROBIN K						70)00539 /0501008	9340	37.	
STREET ADDRESS CITY-ST-ZIP					ET AODRESS -ST-ZIP		U5/U6	/050100a	3019	**15U.	. IJÐ
TITLE NAME	VS SMITH T	IMOTUV B	☐ Delete	TITL						Сhange	☐ Addition
STREET ADDRESS CITY-ST-ZiP											
TITLE		.,	☐ Delete	TITL						☐ Change	☐ Addition
NAME					E.						
STREET ADDRESS CITY-ST-ZIP				CITY	ET ADDRESS - 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: 4-7-05 972-980-2200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devire Proce * A											

Timothy B. Smith, Vice President

Daytime Phone #