

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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90005 023 \*\*\*563.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #**

1. Corporation Name

F97000004170

MCII FUNDING, INC.

Principal Place of Business

Mailing Address

9787 CLIFFORD  
DALLAS, TX 75220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
JULY 30, 1997

2. Principal Place of Business  
21 9787 CLIFFORD

2a. Mailing Address  
26 9787 CLIFFORD

4. FEI Number  
75-2722410

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional -  
Fee Required

City & State  
23 DALLAS, TX

City & State  
28 DALLAS, TX

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 75220 25

Zip Country  
29 75220 30

8. This corporation owes the current year Intangible Personal  
Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION  
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

TITLE DIRECTOR ☒ DELETE  
NAME GUILLERMO KAREH AARUN  
STREET ADDRESS TLACOQUEMECATL NO. 41  
CITY - ST - ZIP COL. DE VALLE, 03100 MEXICO, D.F.

TITLE DIRECTOR ☒ DELETE  
NAME GLEN BOSCHETTO  
STREET ADDRESS 136 HEBER AVE, SUITE 304  
CITY - ST - ZIP PARK CITY, UT 84060

TITLE DIRECTOR ☒ DELETE  
NAME KEITH MARKS  
STREET ADDRESS 3703 WOODCLIFFE ROAD  
CITY - ST - ZIP SHERMAN OAKS, CA 91403

TITLE CHIEF EXECUTIVE OFFICER ☒ DELETE  
NAME ALBERT J. ABRAM  
STREET ADDRESS TLACOQUEMECATL NO. 41  
CITY - ST - ZIP COL. DE VALLE, 03100 MEXICO, D.F.

TITLE TREASURER ☒ DELETE  
NAME JAMES D. GUERRA  
STREET ADDRESS 10 EAST GOLF ROAD  
CITY - ST - ZIP DES PLAINES, IL 60016

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME GERALD HAUSMAN  
1.3 STREET ADDRESS 10 EAST GOLF ROAD  
1.4 CITY - ST - ZIP DES PLAINES, IL 60016

2.1 TITLE T ☐ Change ☒ Addition  
2.2 NAME RONALD S. MATTHEWS  
2.3 STREET ADDRESS 10 EAST GOLF ROAD  
2.4 CITY - ST - ZIP DES PLAINES, IL 60016

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: R.M. Papowich R.M. Papowich  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/99

214-366-5950