


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004843 1. Entity Name PAH GP, INC.	
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Principal Place of Business 1950 STEMMONS FREEWAY STE 6001 DALLAS, TX 75207 US	Mailing Address 1950 STEMMONS FREEWAY STE 6001 DALLAS, TX 75207 US
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03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2718182	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000126620
04/23/04-80041-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KLEISNER, FRED 1950 STEMMONS FREEWAY, STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOV TENG, TED 1950 STEMMONS FREEWAY, STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV SMITH, RICK 1950 STEMMONS FREEWAY, STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVT HENDRICK, JUDY 1950 STEMMONS FREEWAY, STE 6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHLOUPEK, MARK 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GOSCH, PHILIP 1950 STEMMONS FRWY, #6001 DALLAS, TX 75207

**DO NOT WRITE
IN THIS SPACE**

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:  **Mark M. Chloupek**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04 214 863 1000
Date Daytime Phone #