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

	PROFIT RPORATION UAL REPORT	Katheria	RTMENT OF STATE	
	1999		y or state CORPORATIONS	FILED
DOCUMENT # F9700006027 1. Corporation Name				99 JUL -9 PM 3: 14
u	SRP Managing.	Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 5310 Harvest Hill Road Same. Suite 270, LB 168				i
Dallas, TK 75230				DO NOT WRITE IN THIS SPACE
	75.50			3. Date Incorporated or Qualified
Principal Place of Business 2a. Mailing Address				4. FEI Number 'nplied For
				75 - 2733024 ot Applicable
Suite, Apt	. m, et C.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$\$.15 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24 Zip	Country 25	Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. Yes
	9. Name and Address of Current		30]	10. Name and Address of New Registered Agent
CT Corporation System 81 North				
				ess (P.O. Box Number is Not Acceptable)
l				
Plantation, FL 33329				
			84 City	Fi 85 Zip Code
onice or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was au	thorized by the corporatio	oration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
SIGNATURE	NA Signature, typed or printed name of registered agent a	4450. W	Registered Agent signature required	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Robert J. Stetson	: Le 270	1.2 NAME	
	5310 Harvest Hill Rd., Su	ille = 10	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	Dallas, Tx 75230 VP, Secretary and Treas	surer DELETE	1.4 CITY-ST-ZiP 2.1 TITLE	Change Addition
NAME	Fred H. Marzolin		2.2 NAME	C) our side C) Mutual
STREET ADDRESS		270	23 STREET ADDRESS	7000029277277
CITY-ST-ZIP	Dullas, Tx 75230		2 4 CITY-ST-ZIP	
TITLE	Assistant Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME STREET ADDRESS	Richard Wilensky 5310 Harvest Hill, Suite:	276	32 NAME	
CITY-ST-ZIP	Dullas, TX 75230		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	
TITLE	Assistant Secretary	☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME	Valerie Siverling 5310 Harvest Hill, Suite.	270	4. 2 NAME	
STREET ADDRESS	5310 Harvest Hill, Duite	*C / U	4.3 STREET ADDRESS	
CITY-ST-ZIP	Dallas, Tx 75230	DELETE	4.4 CITY-ST-ZIP	
	vice President micrael D. Warren	□ percie	5.1 TITLE 5.2 NAME	☐ Change ☐ Additio
STREET ADDRESS	5310 Harvest Hill, Suit	c 270	53 STREET ADDRESS	
CITY-ST-ZIP	Pallos, TX 75230		54 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	TS
STREET ADDRESS			6.3 STREET ADDRESS	10
14. I hereby o	ertify that the information supplied with I	this filing does not qualify for the	6.4 CITY-ST-ZIP he exemption stated in Se	oction 119.07(3)(i), Florida Statutes, I further certify that the information

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:

Bight Ture And The Day Printed Name OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Proce 4



ACCOUNT NO. : 072100000032

REFERENCE : 302048 4383318

AUTHORIZATION: Patricia Prysit

COST LIMIT : \$558.75

ORDER DATE : July 9, 1999

ORDER TIME : 1:28 PM

ORDER NO. : 302048-005

CUSTOMER NO: 4383318

CUSTOMER: Ms. Stephanie Secrest-abbey

Secrest Legal Services

Suite 102

4515 Prentice Street Dallas, TX 75206

ANNUAL REPORT FILING

NAME: USRP MANAGING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

TS