2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 02, 2004 8:00 am
Secretary of State
04-27-2004 90052 024 ***141.25
06-02-2004 90002 022 *****8.75

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1. Entity Name
PAH-BV PALACE CORP.

54056360

Principal Place of Business	Mailing Address
1950 STEMMONS FREEWAY, #6001 DALLAS, TX 75207	1950 STEMMONS FREEWAY, #6001 DALLAS, TX 75207

03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2767223
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	KLEISNER, FRED
STREET ADDRESS	1950 STEMMONS FRWY, #6001
CITY-ST-ZIP	DALLAS, TX 75207
TITLE	COVP
NAME	TENG, TED
STREET ADDRESS	1950 STEMMONS FRWY, #6001
CITY-ST-ZIP	DALLAS, TX 75207
TITLE	SVPT
NAME	HENDRICK, JUDY
STREET ADDRESS	1950 STEMMONS FRWY, #6001
CITY-ST-ZIP	DALLAS, TX 75207
TITLE	T
NAME	SMITH, RICK
STREET ADDRESS	1700 PACIFIC AVE., #4100
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	VPS
NAME	CHLOUPEK, MARK
STREET ADDRESS	1950 STEMMONS FREEWAY #6001
CITY-ST-ZIP	DALLAS, TX 75207
TITLE	VPAS
NAME	GOSCH, PHILIP
STREET ADDRESS	1950 STEMMONS FRWY, STE 6001
CITY-ST-ZIP	DALLAS, TX 75207

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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 4-2-04 2148631008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #