

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-27-2004 90052 024 ***141.25
06-02-2004 90002 022 *****8.75

DOCUMENT # F98000000190 1. Entity Name PAH-BV PALACE CORP.	
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Principal Place of Business 1950 STEMMONS FREEWAY, #6001 DALLAS, TX 75207	Mailing Address 1950 STEMMONS FREEWAY, #6001 DALLAS, TX 75207
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54056360



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	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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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 renouncing) DATE _____

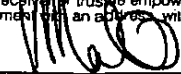
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

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

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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)(f), 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** 4-2-04 214 863 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #