


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F98000000191	
1. Entity Name PAH-HVP GENERAL PARTNER CORP.	

Principal Place of Business 1950 STEMMONS FREEWAY, #6001 DALLAS, TX 75207	Mailing Address 1950 STEMMONS FREEWAY, #6001 DALLAS, TX 75207
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2767212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/23/04-80067-017 150.00
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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	EVP TENG, TED 1950 STEMMONS FRWY #6001 DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFEV SMITH, RICK 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	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

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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)(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 4-2-04 214 863 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #