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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F98000000326		
1. Corporation Name MCLANE FSP, INC.		

Principal Place of Business
 PO BOX 6115
 TEMPLE TX 76503-6115

Mailing Address
 PO BOX 6115
 TEMPLE TX 76503-6115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/05/1998	4. FEI Number 74-2731287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee		85 Zip Code FL 32301
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0205, Florida Statutes.

SIGNATURE Karen D. Rozar
 Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIER, WILLIAM G	1.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGER, R D	2.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEWHINNEY, LEN	3.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	3.4 CITY-ST-ZIP	
TITLE	I	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, KEVIN J	4.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGORIA, MAC	5.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, DONALD R	6.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	6.4 CITY-ST-ZIP	

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: Kevin J. Koch J. KOCH/Treasurer 2/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)