

04/13/99 90049 009 150.00

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000000992**

1. Corporation Name

STONEHOUSE TECHNOLOGIES, INC.

Principal Place of Business

**4100 SPRING VALLEY RD. STE 400
DALLAS TX 75244**

Mailing Address

**4100 SPRING VALLEY RD. STE 400
DALLAS TX 75244**

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90049 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

75-1693917

Applied For
Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	GATES, JOHN E	
STREET ADDRESS	4100 SPRING VALLEY STE 400	
CITY-ST-ZIP	DALLAS TX	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, MARSHALL B	
STREET ADDRESS	4100 SPRING VALLEY STE 400	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PORTER, CATHRYN L	
STREET ADDRESS	3200 SW FREEWAY STE 1220	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, BILL C	
STREET ADDRESS	5999 SUMMERSIDE DR., STE 112	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YOUNG, RON	
STREET ADDRESS	4100 SPRING VALLEY STE 400	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARCHER, JOHN	
STREET ADDRESS	4100 SPRING VALLEY STE 400	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gates, John E.	
1.3 STREET ADDRESS	4100 Spring Valley, Ste. 400	
1.4 CITY-ST-ZIP	Dallas, TX 75244	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bradley, Bill C.	
4.3 STREET ADDRESS	2740 No. Dallas Parkway, Suite 200	
4.4 CITY-ST-ZIP	Plano, TX 75093	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Barry Honea	
6.3 STREET ADDRESS	4100 Spring Valley, Suite 400	
6.4 CITY-ST-ZIP	Dallas, TX 75244	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

7 13/871-1877

Date

Daytime Phone #

CR2E034 (1/98)