

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90039 042 \*\*\*150.00

DOCUMENT # F98000004774

1. Corporation Name  
TCR CRESCENT, INC.

Principal Place of Business  
717 N. HARDWOOD #1200, LB128  
DALLAS TX 75201

Mailing Address  
717 N. HARDWOOD #1200, LB128  
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

15-2777617

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 541 S. Orlando Ave

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Maitland FL

Zip

24 32751

Country

25 US

2a. Mailing Address

26 541 S. Orlando Ave

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Maitland FL

Zip

29 32751

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE VD  
NAME CROW, HARLAN R  
STREET ADDRESS 2001 ROSS AVE., SUITE 3200  
CITY-ST-ZIP DALLAS TX 75201

TITLE PD  
NAME HOEKSEMA, DOUGLAS A  
STREET ADDRESS 541 SOUTH ORLANDO AVE., SUITE 210  
CITY-ST-ZIP MAITLAND FL 32751

TITLE VD  
NAME TERWILLIGER, J. RONALD  
STREET ADDRESS 2859 PACES FERRY ROAD, #1400  
CITY-ST-ZIP ATLANTA GA 30339

TITLE V  
NAME COLLINS, MICHAEL  
STREET ADDRESS 1810 GATEWAY DR., SUITE 100  
CITY-ST-ZIP SAN MATEO CA 94404

TITLE VS  
NAME SHAMBLIN, LEE ANN  
STREET ADDRESS 717 N. HARDWOOD #1200, LB128  
CITY-ST-ZIP DALLAS TX 75201

TITLE VT  
NAME PATTERSON, THOMAS J  
STREET ADDRESS 717 N. HARDWOOD #1200, LB128  
CITY-ST-ZIP DALLAS TX 75201

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME AS  
6.3 STREET ADDRESS Zarnowick, Top C  
6.4 CITY-ST-ZIP 541 S. Orlando Ave #210  
Maitland FL

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: *Jan C. Zarnowick* AS 4/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0542303