

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

001274

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90140 035 ***150.00

DOCUMENT # H45663

1. Corporation Name
LS-16 CORPORATION



Principal Place of Business
C/O FDIC
1201 W. PEACHTREE ST., NE. STE. 1800
ATLANTA GA 30309
US

Mailing Address
C/O FDIC
1201 W. PEACHTREE ST., NE. STE. 1800
ATLANTA GA 30309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1985

4. FEI Number

59-2627871

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 1910 Pacific 16th Floor

2a. Mailing Address
26 1910 Pacific 16th Floor

Suite, Apt. #, etc.
22 #16098

Suite, Apt. #, etc.
27 #16098

City & State
23 Dallas TEXAS

City & State
28 Dallas, TEXAS

Zip Country
24 75201 25 USA

Zip Country
29 75201 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAMMETT, JAMES	
STREET ADDRESS	1910 PACIFIC AVENUE, 16TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, DANIEL M.	
STREET ADDRESS	1910 PACIFIC AVENUE, 16TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHUG, JOHN	
STREET ADDRESS	1910 PACIFIC AVENUE, 16TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLEY, SHARON	
STREET ADDRESS	1910 PACIFIC AVENUE, 16TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	APPLEBY, NANCY	
STREET ADDRESS	1910 PACIFIC AVENUE, 16TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VORDTRIEDE, JOHN	
STREET ADDRESS	1910 PACIFIC AVENUE, 16TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD F. Sutcliffe
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John H. Fisher
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Hammett
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 972-761-8047

CR2E034 (1/198)