

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J47288 (2)
 1. Corporation Name
KROLASCO INC.



Principal Place of Business 13455 NOEL RD. STE. 1100 DALLAS TX 75240 US	Mailing Address 13455 NOEL RD. STE. 1100 DALLAS TX 75240 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1986	
21		26		4. FEI Number 75-2147550	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODER, HEINZ	1.2 NAME	SCHONMANN, BEAT
STREET ADDRESS	BLEICHERWEG 3	1.3 STREET ADDRESS	BLEICHERWEG 33
CITY-ST-ZIP	ZURICH SW	1.4 CITY-ST-ZIP	8027 ZURICH SWITZERLAND
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, JOSEF A	2.2 NAME	
STREET ADDRESS	BLEICHERWEG 33	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	2.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	VST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIEST, PAT	3.2 NAME	MILLS, ROBERT
STREET ADDRESS	13455 NOEL RD., STE. 1100	3.3 STREET ADDRESS	13455 NOEL ROAD
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	DALLAS, TX 75240
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHEL, HERBERT	4.2 NAME	BOTTA, CHARLES
STREET ADDRESS	BLEICHERWEG 33	4.3 STREET ADDRESS	BLEICHERWEG 33
CITY-ST-ZIP	ZURICH SW	4.4 CITY-ST-ZIP	8027 ZURICH SWITZERLAND
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, EDITH	5.2 NAME	
STREET ADDRESS	BLEICHERWEG 33	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH SW	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Robert Mills* **ROBERT MILLS, VICE PRESIDENT** *ulslan* (972) 774-4100

CR2E034 (10/97)