


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**Apr 17 1996 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J83328 (1)**  
 1. Corporation Name  
**PROPIER INC.**



Principal Place of Business <b>13455 NOEL ROAD SUITE 1100 DALLAS TX 75240 US</b>	Mailing Address <b>13455 NOEL ROAD SUITE 1100 DALLAS TX 75240 US</b>
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3. Date Incorporated or Qualified <b>07/20/1987</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>58-1743871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	<b>RODER, HEINZ</b>
STREET ADDRESS	<b>P.O. BOX 281, 2087 N/A</b>
CITY-ST-ZIP	<b>ZURICH, SWITZERLAND</b>
TITLE	VPST <input type="checkbox"/> DELETE
NAME	<b>PRIEST, PAT</b>
STREET ADDRESS	<b>13455 NOEL ROAD, SUITE 1100</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>KAUFMANN, JOSEF A</b>
STREET ADDRESS	<b>P.O. BOX 281, 2087 N/A</b>
CITY-ST-ZIP	<b>ZURICH, SWITZERLAND</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>MICHEL, HERBERT</b>
STREET ADDRESS	<b>P.O. BOX 281, 2087 N/A</b>
CITY-ST-ZIP	<b>ZURICH, SWITZERLAND</b>
TITLE	VPAS <input type="checkbox"/> DELETE
NAME	<b>PFISTER, EDITH</b>
STREET ADDRESS	<b>P.O. BOX 281, 2087 N/A</b>
CITY-ST-ZIP	<b>ZURICH, SWITZERLAND</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **PAT PRIEST, VICE PRESIDENT** 4/10/96 (214) 774-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)