FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J96176** **(9)**

1. Corporation Name

MIFEX, INC.

Principal Place of Business	Mailing Address
INTERSHOP HFA MANGEMENT 5430 LBJ FRWY. SUITE 850 DALLAS TX 75240	INTERSHOP HFA MANGEMENT 5430 LBJ FRWY. SUITE 850 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1987	3a. Date of Last Report: 02/16/1994
2. Principal Place of Business (21): 13455 NOEL ROAD	2a. Mailing Address (26): 13455 NOEL ROAD
Suite, Apt. #, etc. (22): SUITE 1100	Suite, Apt. #, etc. (27): SUITE 1100
City & State (23): DALLAS TEXAS	City & State (28): DALLAS TEXAS
Zip (24): 75240 Country (25): USA	Zip (29): 75240 Country (30): USA
4. FEI Number: 75-2201809	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	VICE PRES./DIRECTOR	☒ Change ☐ Addition
NAME	RODER, HEINZ	12 NAME	RODER, HEINZ	
STREET ADDRESS	BLEICHERWEG 33,PO BOX 33	13 STREET ADDRESS	BLEICHERWEG 33,PO BOX 33	
CITY-ST-ZIP	8027 ZURICH, SWITZ.	14 CITY-ST-ZIP	8027 ZURICH, SWITZ.	
TITLE	DVS	21 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	KAUFMAN, JOSEPH A.	22 NAME	KAUFMANN, JOSEF A	
STREET ADDRESS	BLEICHERWEG 33,PO BOX 33	23 STREET ADDRESS	BLEICHERWEG 33,PO BOX 33	
CITY-ST-ZIP	8027 ZURICH, SWITZ.	24 CITY-ST-ZIP	8027 ZURICH, SWITZ	
TITLE	T	31 TITLE	VICE PRES./SECRETARY/TREAS.	☒ Change ☐ Addition
NAME	PAT PRIEST	32 NAME	PRIEST, PAT	
STREET ADDRESS	5430 LBJ FRWY, STE. 850	33 STREET ADDRESS	13455 NOEL ROAD, SUITE 1100	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	DALLAS, TX 75240	
TITLE		41 TITLE	VICE PRES.	☐ Change ☒ Addition
NAME		42 NAME	MICHEL, HERBERT	
STREET ADDRESS		43 STREET ADDRESS	BLEICHERWEG 33,PO BOX 33	
CITY-ST-ZIP		44 CITY-ST-ZIP	8027 ZURICH, SWITZ	
TITLE		51 TITLE	VICE PRES./ASSIST. SEC.	☐ Change ☒ Addition
NAME		52 NAME	PFISTER, EDITH	
STREET ADDRESS		53 STREET ADDRESS	BLEICHERWEG 33,PO BOX 33	
CITY-ST-ZIP		54 CITY-ST-ZIP	8027 ZURICH, SWITZ	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: _____ PAT PRIEST, VICE PRESIDENT 4-18-95 214-774-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0392711 CP