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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K96221 (2)

1. Corporation Name

USH CROSSCREEK, INC.

Principal Place of Business

1800 WEST LOOP SOUTH  
HOUSTON TE 77027  
US

Mailing Address

P.O. BOX 2863  
HOUSTON TE 77252  
US



3. Date Incorporated or Qualified  
06/19/1989

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME SLAUGHTER, RICHARD G.  
STREET ADDRESS 1800 WEST LOOP SOUTH  
CITY-ST-ZIP HOUSTON TX

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

TITLE P  
NAME HILLMYER, MAURICE  
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY, #101  
CITY-ST-ZIP FT MYERS FL

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

TITLE S  
NAME CURRY, JAMES E.  
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY, #101  
CITY-ST-ZIP FT MYERS FL

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

TITLE VAS  
NAME LANE, STEVEN E.  
STREET ADDRESS 1800 WEST LOOP SOUTH  
CITY-ST-ZIP HOUSTON TX

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

TITLE VPAS  
NAME BURNS, ALLEN  
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY, #101  
CITY-ST-ZIP FT. MYERS FL

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

TITLE VAS  
NAME CRIMALDI, SAM  
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY, #101  
CITY-ST-ZIP FT. MYERS FL

6.1 TITLE  
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:

*Steven E. Lane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Steven E. Lane

4/22/96

713/877-2425

Date

Daytime Phone #

CR2E034 (12/95)