

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06226 (5)

1. Corporation Name:

SMITH, DUNCAN AND ASSOCIATES, INC.



Principal Place of Business

8700 STEMMONS FREEWAY
SUITE 201
DALLAS TX 75247

Mailing Address

8700 STEMMONS FREEWAY
SUITE 201
DALLAS TX 75247

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SMITH, GLENN
1801 CONSULATE PLACE
SUITE 202
WEST PALM BEACH FL 33401

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 607.0602 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	CHARRIERE, C LANCE	
STREET ADDRESS	4138 SLEEPY LN	
CITY-STATE-ZIP	DALLAS TX	
TITLE	S	☐ DELETE
NAME	RESTREPO, ORLANDO	
STREET ADDRESS	4218 WINDHURST STR	
CITY-STATE-ZIP	ARLINGTON TX	
TITLE	V	☐ DELETE
NAME	DUNCAN, THOMAS J.	
STREET ADDRESS	1408 LIME TREE LANE	
CITY-STATE-ZIP	IRVING TX	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☒ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

2000 CONCORD
FLOWER MOUND, TEXAS 75028

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)(g), Florida Statutes. I further certify that the information included 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 registered or trusted 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:

C. Lance Charriere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. LANCE CHARRIERE - PRESIDENT

3/21/96

214/630-2020

CR2E034 (12/95)