

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P07612

1. Entity Name
KEYSTONE TEXAS, INC.



Principal Place of Business

**201 MAIN STREET, SUITE 2300
FT. WORTH, TX 76102 US**

Mailing Address

**201 MAIN STREET, SUITE 2300
FT. WORTH, TX 76102 US**

DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2025295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCE
J. TAYLOR CRANDALL
201 MAIN STREET, SUITE 2300
FORT WORTH, TE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
COTHAM, W. ROBERT
201 MAIN STREET
FT. WORTH, TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
GREVE, JAMES
201 MAIN STREET
FORT WORTH, TX 76102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
REESE, GARY W
201 MAIN STREET
FT. WORTH, TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BASS, ROBERT M
201 MAIN STREET
FORT WORTH, TX 76102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. ROBERT COTHAM VICE PRESIDENT

817-390-8400

Daytime Phone #

Certified Article Number