

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

P 914 238 249

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:58**

DOCUMENT # P07614 (1)

1. Corporation Name
LEE M. BASS, INC.

Principal Place of Business
**2300 FIRST CITY BANK TOWER
201 MAIN STREET
FT. WORTH TX 76102**

Mailing Address
**2300 FIRST CITY BANK TOWER
201 MAIN STREET
FT. WORTH TX 76102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/02/1985** 3a. Date of Last Report **04/14/1994**
4. FEI Number **75-2024816** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BASS, LEE M.
STREET ADDRESS	201 MAIN STREET
CITY- ST- ZIP	FT. WORTH TX
TITLE	VD
NAME	COTHAM, W. ROBERT
STREET ADDRESS	201 MAIN STREET
CITY- ST- ZIP	FT. WORTH TX
TITLE	P
NAME	MEDARY, WILLIAM H.
STREET ADDRESS	201 MAIN STREET
CITY- ST- ZIP	FT. WORTH TX
TITLE	V
NAME	STERUNG, PETER
STREET ADDRESS	201 MAIN STREET
CITY- ST- ZIP	FT. WORTH TX
TITLE	V
NAME	GREVE, JAMES
STREET ADDRESS	201 MAIN STREET
CITY- ST- ZIP	FT. WORTH TX
TITLE	Y
NAME	REESE, GARY W
STREET ADDRESS	201 MAIN S T.
CITY- ST- ZIP	FT. WORTH TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED
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 110.07(3)(b), 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 in Attachment with an address.

SIGNATURE: W. Robert Cotham 3/29/95 817-390-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. ROBERT COTHAM** (Date) **3/29/95** 817-390-8400
VICE PRESIDENT