FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P12826** **(4)**

1. Corporation Name
HINES CONSOLIDATED INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2800 POST OAK BLVD STE 5000 HOUSTON TX 77056-3110	2800 POST OAK BLVD STE 5000 HOUSTON TX 77056-6110

3. Date Incorporated or Qualified: 12/29/1986
3a. Date of Last Report: 02/26/1996

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

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

4. FEI Number: 76-0199975 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: N/A
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: N/A
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	PD	☐ DELETE	1.1 TITLE	Asst. Secy	☐ Change ☑ Addition
NAME	HINES, GERALD D.		1.2 NAME	Jeanine F. Hutchens	
STREET ADDRESS	2800 POST OAK BOULEVARD		1.3 STREET ADDRESS	2800 Post Oak Blvd, Ste. 5000	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	Houston, Texas 77056	
TITLE	VS	☐ DELETE	2.1 TITLE	Asst. Secy.	☐ Change ☑ Addition
NAME	HARDIN, K. M.		2.2 NAME	Cynthia A. Krist	
STREET ADDRESS	2800 POST OAK BOULEVARD		2.3 STREET ADDRESS	2800 Post Oak Blvd, Ste. 5000	
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP	Houston, Texas 77056	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKLAR, LOUIS		3.2 NAME		
STREET ADDRESS	2800 POST OAK BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: /s/ Cynthia A Krist Cynthia A. Krist - Asst. Secy. 4/29/97 (713) 966-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #