

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90011 032 ***150.00

DOCUMENT # P12826
 1. Entity Name
HINES CONSOLIDATED INVESTMENTS, INC.



Principal Place of Business
**2800 POST OAK BLVD STE 5000
 HOUSTON, TX 77056-3110**

Mailing Address
**2800 POST OAK BLVD STE 5000
 HOUSTON, TX 77056-3110**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number
76-0199975

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINES, GERALD D.		NAME	
STREET ADDRESS 2800 POST OAK BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP HOUSTON, TX		CITY-ST-ZIP	
TITLE Exec VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, C. HASTINGS		NAME	
STREET ADDRESS 2800 POST OAK BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP HOUSTON, TX 77056		CITY-ST-ZIP	
TITLE VAS VP AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTCHENS, JEANINE E		NAME	
STREET ADDRESS 2800 POST OAK BLVD, SUITE 5000		STREET ADDRESS	
CITY-ST-ZIP HOUSTON, TX		CITY-ST-ZIP	
TITLE Vs Sr. VP Secy	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORBES, KAY P		NAME	
STREET ADDRESS 2800 POST OAK BLVD STE 5000		STREET ADDRESS	
CITY-ST-ZIP HOUSTON, TX 77056		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. **v PAsst. Secy**

SIGNATURE: *Jeanine E. Hutchens* **1-23-06** **713-621-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #