

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

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95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name CHARLOTTE HARRIS, INC.		DOCUMENT # P13735 (6)	

Mailing Address 1000 Ballpark Way Arlington, Texas 76011 US	Principal Place of Business 1000 Ballpark Way Arlington, Texas 76011 US
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If above addresses are incorrect in any way, file through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 03/24/1987		3a. Date of Last Report 05/01/1994	
4. FEI Number 74-8451802		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$18.75 ☐ \$138.75		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		8. This corporation has liability for interstate tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1305 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Applicable) 03 04 City FL 05 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment, 60716 Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	Schieffer, J. Thomas	12 NAME	
13 STREET ADDRESS	1000 Ballpark Way	13 STREET ADDRESS	
14 CITY - ST - ZIP	Arlington, Texas 76011	14 CITY - ST - ZIP	
21 TITLE	W/D	21 TITLE	
22 NAME	Wagner, Charles F.	22 NAME	
23 STREET ADDRESS	1000 Ballpark Way	23 STREET ADDRESS	
24 CITY - ST - ZIP	Arlington, Texas 76011	24 CITY - ST - ZIP	
31 TITLE	P/D	31 TITLE	
32 NAME	Grieve, Thomas A.	32 NAME	
33 STREET ADDRESS	1000 Ballpark Way	33 STREET ADDRESS	
34 CITY - ST - ZIP	Arlington, Texas 76011	34 CITY - ST - ZIP	
41 TITLE	McMichael, John	41 TITLE	
42 NAME	1000 Ballpark Way	42 NAME	
43 STREET ADDRESS	Arlington, Texas 76011	43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 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 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 117, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. McMichael John F. McMichael 4/17/95 (817) 273-5341