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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 9:57

DOCUMENT # P15976 (4)

1. Corporation Name
MONTGOMERY ESTATES, INC.

Principal Place of Business	Mailing Address
12222 MERIT DR STE 1100 DALLAS TX 75251-2212 US	111 SUTTER STR. 18 FLOOR MAC #0188-182 SAN FRANCISCO CA 94163 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1987
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 94-2582041	☐ Applied For ☐ Not Applicable
21	26 111 Sutter Street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27 Mac#0188-165		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 San Francisco, CA		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 94163 / 30 US		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____
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	P	11 TITLE	☐ Change ☐ Addition
NAME	CUDDY, HARRY L.	12 NAME	
STREET ADDRESS	343 SANSOME STR	13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	14 CITY-ST-ZIP	
TITLE	ASV	21 TITLE	☐ Change ☐ Addition
NAME	DESPOL, ANDREA	22 NAME	
STREET ADDRESS	333 SO GRAND AVE, STE 900	23 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	24 CITY-ST-ZIP	
TITLE	ASV	31 TITLE	☐ Change ☐ Addition
NAME	BEHREND, DEBORAH K.	32 NAME	
STREET ADDRESS	4643 S ULSTER ST #1400	33 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	TEARINGTON, WILLIAM R	42 NAME	
STREET ADDRESS	2120 E PARK PL, STE 100	43 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	44 CITY-ST-ZIP	
TITLE	VAS	51 TITLE	☐ Change ☐ Addition
NAME	ZARAY-MIZRAHI, RUTH	52 NAME	
STREET ADDRESS	333 SO GRAND AVE, STE 900	53 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	54 CITY-ST-ZIP	
TITLE	Assistant Secretary	61 TITLE	☐ Change ☐ Addition
NAME	Mancill, Patricia A.	62 NAME	
STREET ADDRESS	111 Sutter Street	63 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94163	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)(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: _____ 1/25/95 (310) 335-9441
Individual and Title or Position Printed Name of Officer or Director Date Daytime Phone #

0403007 FP