FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17585 (1)

1. Corporation Name
GLACIER PARK COMPANY

Principal Place of Business	Mailing Address
2919 ALLEN PARKWAY STE 4500 HOUSTON TX 77019 US	001 CHERRY STREET STE 4500 FORT WORTH TX 76102 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 5051 WESTHEIMER	2a. Mailing Address 26
Suite, Apt. #, etc. 22 SUITE 1400	Suite, Apt. #, etc. 27 SUITE
City & State 23 HOUSTON, TEXAS	City & State 28
Zip 24 77056 / Country 25 USA	Zip 29 / Country 30 USA

3. Date Incorporated or Qualified: 01/11/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 41-1233483 ☐ 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

000001513470
-06/15/95--01027--020
****200.00 ****200.00
FL

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	PD	1.1 TITLE	PRESIDENT	[X] Change ☐ Addition
NAME	O'LEARY, THOMAS H	1.2 NAME	O'LEARY, THOMAS H.	
STREET ADDRESS	999 3RD AVE #4500	1.3 STREET ADDRESS	999 3RD AVE #4500	
CITY-ST-ZIP	SEATTLE WA	1.4 CITY-ST-ZIP	SEATTLE, WA	
TITLE	VD	2.1 TITLE	VICE PRESIDENT - DIRECTOR	[X] Change ☐ Addition
NAME	HOWISON, GEORGE E	2.2 NAME	HAGALE, JOHN E.	
STREET ADDRESS	2919 ALLEN PARKWAY	2.3 STREET ADDRESS	5051 WESTHEIMER, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	V	3.1 TITLE	VICE PRESIDENT	[X] Change ☐ Addition
NAME	HAGALE, JOHN E	3.2 NAME	ELLIS, MARK E.	
STREET ADDRESS	2919 ALLEN PARKWAY	3.3 STREET ADDRESS	5051 WESTHEIMER, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE	SVP	4.1 TITLE	SENIOR VICE PRESIDENT	[X] Change ☐ Addition
NAME	SCHISSLER, GERALD J	4.2 NAME	SCHISSLER, GERALD J.	
STREET ADDRESS	2919 ALLEN PKWY	4.3 STREET ADDRESS	5051 WESTHEIMER, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	HOUSTON, TX	
TITLE		5.1 TITLE	TREASURER	☐ Change [X] Addition
NAME		5.2 NAME	DUBOIS, EVERETT D.	
STREET ADDRESS		5.3 STREET ADDRESS	5051 WESTHEIMER, SUITE 1400	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOUSTON, TEXAS 77056	
TITLE		6.1 TITLE	SECRETARY	☐ Change [X] Addition
NAME		6.2 NAME	ZERWAS, WENDI S.	
STREET ADDRESS		6.3 STREET ADDRESS	5051 WESTHEIMER, SUITE 1400	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOUSTON, TEXAS 77056	

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)(k), 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: Ernesto Gomez 4/26/95 (817) 347-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

ERNESTO GOMEZ TAX OFFICER