

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20476 (8)  
1. Corporation Name  
TCC TAMPA INDUSTRIAL, INC.

Principal Place of Business 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201	Mailing Address 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 3200 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE 3200 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 08/12/1988	4. FEI Number 75-2245169 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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	T	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, RONALD S		1.2 NAME	LINDA S. CADE			
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500		1.3 STREET ADDRESS	2001 ROSS AVENUE, SUITE 3200			
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP	DALLAS, TX 75201			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, CYNTHIA J.		2.2 NAME	JACKIE OLDFE			
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500		2.3 STREET ADDRESS	2001 ROSS AVENUE, SUITE 3200			
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP	DALLAS, TX 75201			
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, J. McDONALD		3.2 NAME				
STREET ADDRESS	2001 ROSS AVE., #3500		3.3 STREET ADDRESS	2001 ROSS AVENUE, SUITE 3200			
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROW, HARLAN R.		4.2 NAME				
STREET ADDRESS	2001 ROSS AVE. #3500		4.3 STREET ADDRESS	2001 ROSS AVENUE, SUITE 3200			
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VINCENT, GEORGE L.		5.2 NAME				
STREET ADDRESS	2001 ROSS AVE. #3500		5.3 STREET ADDRESS	2001 ROSS AVENUE, SUITE 3200			
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GULLEDGE, DONNA		6.2 NAME	JOHN E. THOMAS			
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500		6.3 STREET ADDRESS	2001 ROSS AVENUE, SUITE 3200			
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP	DALLAS TX 75201			

14. I 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: X Linda S. Cade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(214) 863-4000

Printed Name # 0818220

CR2E034 (10/97)