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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** P21780

(2)

1. Corporation Name

CONCORD DELAWARE CORPORATION							
Principal Place of Business Mailing Address		Mailing Address			(4011497 (440) 45911 1898)	nra natir Arast nimit biðis 6:8:1 Biðit 010)1 (601	
7710 JONES MALTSBERGER SUITE 620 SAN ANTONIO TX 78216-3949		7710 JONES MALTSBERGER SUITE 620 SAN ANTONIO TX 78216-3949					
					3. Date Incorporated or Qualified	1	
2. Principal Pl	lace of Business	2a. Mailing Address			11/16/1988 4. FEI Number	03/07/1995	
	oncord Plaza Drive	L	rd Plaza D	rive	74-2120255	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Additional	
²² Suite 303		27 Suite 303 Oty & State			5. Certificate of Status Desired Fee Required		
City & State					6. Election Campaign Financing \$5.00 May Be		
	ntonio, TX	28 San Anton	lo, TX		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for		
24 78216	9, Name and Address of Current	29 78216	30 USA			s KNo	
	g, name and Address of Current	r negistered Agent	81 N	 ame	10. Name and Address of New	Registered Agent	
CT COF	DODATION OVETEN						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 St	reet Addre	et Address (P.O. Box Number is Not Acceptable)		
			83				
FEMILE	TION FL 33324					İ	
			84 Ci	(y		85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above name	eo corpora	ition submits this statement for the nu	ruose of changing its registered office	
	red agent, or both, in the State of Florid th, and accept the obligations of, Section			on's board	d of directors. I hereby accept the app	pointment as registered agent. I am	
SIGNATURE	The transport of congenions of coord	on son loose, monda citatate	J.				
OTOTOTOTIE:	Signature, typod or printed name of registered agont a		OTE: Flog steren Agent sign	ature regunes	what tenstaling	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12	
TITEF	P	☐ DELETE	1. 1 TITLE			▼ Change	
NAME	EDDY, JAMES H., JR.		1.2 NAME	20	MA 0. 1.71		
STREET ADDRESS	7710 JONES MALTSBERGER		1.3 STREET ADDR		O Concord Plaza Dri		
CITY-ST-ZIP TITLE	SAN ANTONIO TX V	D DOLLIE	14 CI Y - ST - ZIP	5a	n Antonio, TX 78216		
NAME	, ·	☐ DELETE	2 1 THE			★ Change Addition	
STREET ADDRESS	CAROLIN, DENNIS A. 7710 JONES MALTSBERGER		2.2 NAME				
	-		2.3 STREET ADDR		O Concord Plaza Dri		
CITY-ST-ZIP TITLE	SAN ANTONIO TX VT	☐ DELETE	2.4 City-St-ZiF 3.1 Till E	_ Sa	n Antonio, TX 78216	Change Addition	
NAME	MOORE, ERIC B.		3 2 NAME			TEL Change LI Addition	
STREET ADDRESS	7710 JONES MALTSBERGER		33 STREET ADDI	_{ess} 20	O Concord Plaza Dri	ve, Suite 303	
CITY-ST-ZIP	SAN ANTONIO TX		3.4 CITY - \$1 - ZIP	e c	n Antonio, TX 78216		
TITLE	S	DELETE	4. 1 TITLE	77		Change Addition	
NAME	KERR, JUDITH BRAZIL	_	4.2 NAME				
STREET ADDRESS	7710 JONES MALTSBERGER		4.3 STREET ADDR	ESS 20	O Concord Plaza Dri	ve, Suite 303	
CITY-ST-ZIP	SAN ANTONIO TX		4.4 CITY - \$1 - 7IP		n Antonio, TX 78216		
Trile	D	☐ DELETE	5 1 TITLE			★ Change Addition	
NAME	LOBO M., HUMBERTO		5 2 NAME				
STREET ADDRESS	7710 JONES MALTSBERGER		5.3 STREET ADDR	ESS 20	O Concord Plaza Dri	ve, Suite 303	
CITY - ST - ZIP	SAN ANTONIO TX		5 4 CITY - ST - ZIP		n Antonio, TX 78216		
TITLE	D	☐ DELETE	6 1 THE			Change	
NAME	LOBO M., RODRIGO		6 ? NAME	20	0 Cama-mi 101 10 •	0.1.	
STREET ADDRESS	7710 JONES MAI TSBERGER		6.3 STREET ADOR	rcc ZU	O Concord Plaza Dri	ve, buite 303	

SAN ANTONIO TX

SAN ANTONIO TX

64 CITY-ST-ZIP

SAN ANTONIO TX

San Antonio, TX 78216

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 enipowered 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: Secretary Signature and Typed on Printed Name of Bigning Officer on Director

02/16/96

210-822-8600