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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:35

DOCUMENT # **P22126** **(7)**

1. Corporation Name
LANDMARK ORGANIZATION INC.

Principal Place of Business	Mailing Address
1301 CAPITAL OF TEXAS SUITE B320 AUSTIN TX 78746 US	1301 CAPITAL OF TEXAS SUITE B320 AUSTIN TX 78746 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1988	3a. Date of Last Report: 06/22/1994
4. FEI Number: 74-2386243	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restricting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	SCHULTZ, MARK	12 NAME	
STREET ADDRESS	4231 WESTLAKE 1-1	13 STREET ADDRESS	1301 Capital of Texas B320
CITY-ST-ZIP	AUSTIN TX	14 CITY-ST-ZIP	Austin, Tx 78746
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	JENKINS, DONNA	22 NAME	
STREET ADDRESS	1301 CAPITAL OF TEXAS, STE. B320	23 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Deleted ☒ Change ☐ Addition
NAME	JORDAN, C.F.	32 NAME	Deleted
STREET ADDRESS	636 LAKEWAY	33 STREET ADDRESS	Deleted
CITY-ST-ZIP	EL PASO TX	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MATEJCIK, REGIS	42 NAME	
STREET ADDRESS	1301 CAPITAL OF TEXAS, STE. B320	43 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	JENKINS, DONNA	52 NAME	
STREET ADDRESS	1301 CAPITAL OF TEXAS, STE. B320	53 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(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: _____ March 16, 1995 512-329-8090
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark F. Schultz, President

0478880 FP