4-18-95 B-3467-C

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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 APR 13 PM 4:17

DOCUMENT # **P29338** **(1)**

1. Corporation Name

WHITE SWAN, INC.

Principal Place of Business	Mailing Address
400 FULLER-WISER RD. STE 300 EULESS TX 76039 US	2700 HANDLEY EDERVILLE ROAD P. O. BOX 619120 DALLAS TX 75261-9120 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **75-2333895**	☐ Applied For ☐ Not Applicable
21	26 1065 Highway 315		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27 Suite 407 Attn: J. Mocella		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28 Wilkes Barre, PA		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	
24 / 25	29 18702 / 30 LUZERNE		

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 N/A
Signature, typed or printed name of registered agent and date of execution (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	11 TITLE	☐ Change ☐ Addition
NAME	BEVEVINO, FRANK H	12 NAME	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	13 STREET ADDRESS	
CITY ST ZIP	WILKES-BARRE PA	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MCMULEN, THOMAS G	22 NAME	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	23 STREET ADDRESS	
CITY ST ZIP	WILKES-BARRE PA	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MCANALLY DAVID F	32 NAME	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	33 STREET ADDRESS	
CITY ST ZIP	WILKES-BARRE PA	34 CITY ST ZIP	
TITLE	CFOT	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT	42 NAME	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	43 STREET ADDRESS	
CITY ST ZIP	WILKES-BARRE PA	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	COGSWELL, ROBERT	52 NAME	
STREET ADDRESS	915 E 50TH ST	53 STREET ADDRESS	
CITY ST ZIP	LUBBOCK TX	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	DUANE, ROBERT	62 NAME	
STREET ADDRESS	1515 BIG TOWN BLVD	63 STREET ADDRESS	
CITY ST ZIP	MESQUITE TX	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: Robert D. Smith 4/13/95 717/831-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0392742 CP