FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P29338 (1)

1. Corporation Name

WHITE SWAN, INC.

Principal Place of Business

400 FULLER-WISER RD.
STE 300
EULESS TX 76039
US

Mailing Address

1065 HWY 315
SUITE 407 ATTEN J MORETTA
WILKES BARNE PA 18702
US

2. Principal Place of Business
21 1550 Norwood Drive
Suite, Apt. #, etc.
22 Ste 225
City & State
23 Hurst, Texas 76054
Zip 24 76054 Country 25 US

2a. Mailing Address
26 1065 Hwy 315
Suite, Apt. #, etc.
27 Ste 407 Attn: J. Morena
City & State
28 Wilkes Barre, PA 18702
Zip 29 18702 Country 30 US

3. Date Incorporated or Qualified: 05/15/1990
3a. Date of Last Report: 04/13/1995
4. FEI Number: 75-2333895 — 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 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 ______ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CCEO	☐ DELETE
NAME	BEVEVINO, FRANK H	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA	
TITLE	P	☐ DELETE
NAME	MCMULEN, THOMAS G	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA	
TITLE	VP	☐ DELETE
NAME	MCANALLY DAVID F	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA	
TITLE	CFOT	☐ DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	1065 HWY 315 CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA	
TITLE	VP	☐ DELETE
NAME	COGSWELL, ROBERT	
STREET ADDRESS	915 E 50TH ST	
CITY-ST-ZIP	LUBBOCK TX	
TITLE	VP	☐ DELETE
NAME	DUANE, ROBERT	
STREET ADDRESS	1515 BIG TOWN BLVD	
CITY-ST-ZIP	MESQUITE TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Robert D. Smith, CFO 4/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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