SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P31706** **(5)**

1. Corporation Name
WMR ACQUISITION CORP.

Principal Place of Business	Mailing Address
1177 WEST LOOP SOUTH. SUITE 1200 HOUSTON TX 77027	1177 WEST LOOP SOUTH. SUITE 1200 HOUSTON TX 77027

3. Date Incorporated or Qualified: **11/07/1990**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21 **910 TRAVIS**
Suite, Apt #, etc.
22 **1000**
City & State
23 **HOUSTON, TX**
Zip 24 **77002** Country 25 **HARRIS**

2a. Mailing Address
26 **910 TRAVIS**
Suite, Apt #, etc.
27 **1000**
City & State
28 **HOUSTON, TX.**
Zip 29 **77002** Country 30 **HARRIS**

4. FEI Number: **76-0312111** ☐ 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 **N/A** DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	☐ DELETE	1.1 TITLE	(CHAIRMAN EMERITUS, PRESIDENT	☒ Change ☐ Addition
NAME	ROSS, WALTER M.		1.2 NAME	WALTER ROSS	
STREET ADDRESS	1177 WEST LOOP SO.,#1200		1.3 STREET ADDRESS	910 TRAVIS, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	HOUSTON, TX. 77002	
TITLE	VD	☒ DELETE	2.1 TITLE	DIRECTOR, CFO	☐ Change ☒ Addition
NAME	KOON, JACK R.		2.2 NAME	THOMAS KENNEDY	
STREET ADDRESS	1177 WEST LOOP SO.,#1200		2.3 STREET ADDRESS	910 TRAVIS, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP	HOUSTON, TX. 77002	
TITLE	VST	☐ DELETE	3.1 TITLE	VP, SECRETARY, TREASURER	☒ Change ☐ Addition
NAME	RAINS, PATRICIA		3.2 NAME	PATRICIA RAINS	
STREET ADDRESS	1177 WEST LOOP SO.,#1200		3.3 STREET ADDRESS	910 TRAVIS SUITE 1000	
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP	HOUSTON, TX. 77002	
TITLE	VCD	☐ DELETE	4.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	LUTTON, MICHAEL T		4.2 NAME	MICHAEL T. LUTTON	
STREET ADDRESS	1177 W LOOP S. #1200		4.3 STREET ADDRESS	910 TRAVIS, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP	HOUSTON, TX. 77002	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AGOSTINI, ANDREW		5.2 NAME		
STREET ADDRESS	919 N MICHIGAN		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DONALD A.		6.2 NAME		
STREET ADDRESS	919 N. MICHIGAN		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Rains VICE PRES 7/13/96 (713) 209-5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #