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

ANNUAL REPORT FILED
95 APR 14 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34256 (8)

1. Corporation Name
UNGER AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
900 E PARK BLVD SUITE 250 PLANO TX 75074	900 E PARK BLVD SUITE 250 PLANO TX 75074

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1991
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 325 N St. Paul Street
22 Suite, Apt. #, etc.: Ste. 3600, Tower II
23 City & State: Dallas, Texas
24 Zip: 75201-3989 25 Country:

2a. Mailing Address
26 PO Box 2990
27 Suite, Apt. #, etc.:
28 City & State: Dallas, Texas
29 Zip: 75221-2990 30 Country:

4. FEI Number: 06-1140547 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ 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	CDS	11 TITLE		☐ Change ☐ Addition
NAME	UNGER, ARLENE M.	12 NAME		
STREET ADDRESS	550 E QUAIL RUN RD	13 STREET ADDRESS		
CITY-ST-ZIP	ROCKWALL TX	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	UNGER, RONALD	22 NAME		
STREET ADDRESS	550 E QUAIL RUN RD	23 STREET ADDRESS		
CITY-ST-ZIP	ROCKWALL TX 75087	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☒ Change ☐ Addition
NAME	UNGER, DENNIS	32 NAME		
STREET ADDRESS	4103 SPERRY ST	33 STREET ADDRESS	6620 Bermuda Dunes Drive	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	Plano, TX 75093	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, STEVEN	42 NAME		
STREET ADDRESS	99 TWIN HILLS DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	LONGMEADOW MA	44 CITY-ST-ZIP		
TITLE	DVT	51 TITLE		☒ Change ☐ Addition
NAME	HESS, DONALD J	52 NAME		
STREET ADDRESS	808 RIVER BLVD	53 STREET ADDRESS	82 Landing Circle	
CITY-ST-ZIP	SUFFIELD CT	54 CITY-ST-ZIP	Suffield, CT 06078	
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)(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: Arlene M. Unger Arlene M. Unger 4/6/95 (214)965-8150
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

047A101 FP