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 # **P34256** (8)

1. Corporation Name
UNGER AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
325 N ST. PAUL STREET STE 3600 TOWER II DALLAS TX 75201-3989 US	PO BOX 2990 SUITE 250 DALLAS TX 75221-2990 US

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **06/04/1991**
3a. Date of Last Report: **04/14/1995**
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 ______

12. OFFICERS AND DIRECTORS

Field	Officers and Directors		13.	Additions/Changes to Officers and Directors in 12	
Title	CDS	☐ DELETE	1 TITLE	C/D/S	☒ Change ☐ Addition
Name	UNGER, ARLENE M		1 NAME	Unger, Arlene M.	
Street Address	550 E QUAIL RUN RD		1 STREET ADDRESS	4185 CR 424	
City-St-Zip	ROCKWALL TX		1 CITY-ST-ZIP	Anna, TX 75409	
Title	PD	☐ DELETE	2 TITLE	P/D	☐ Change ☐ Addition
Name	UNGER, RONALD		2 NAME	Unger, Ronald	
Street Address	550 E QUAIL RUN RD		2 STREET ADDRESS	4185 CR 424	
City-St-Zip	ROCKWALL TX 75087		2 CITY-ST-ZIP	Anna, TX 75409	
Title	DV	☐ DELETE	3 TITLE		☐ Change ☐ Addition
Name	UNGER, DENNIS		3 NAME		
Street Address	6620 BERMUDA DUNES SR		3 STREET ADDRESS		
City-St-Zip	PLANO TX		3 CITY-ST-ZIP		
Title	D	☐ DELETE	4 TITLE		☐ Change ☐ Addition
Name	FELDMAN, STEVEN		4 NAME		
Street Address	99 TWIN HILLS DRIVE		4 STREET ADDRESS		
City-St-Zip	LONGMEADOW MA		4 CITY-ST-ZIP		
Title	DVT	☐ DELETE	5 TITLE	D/V/T	☐ Change ☐ Addition
Name	HESS, DONALD J		5 NAME	Hess, Donald J.	
Street Address	82 LANDING CIRCLE		5 STREET ADDRESS	6617 Northaven	
City-St-Zip	SUFFIELD CT		5 CITY-ST-ZIP	Dallas, TX 75093	
Title		☐ DELETE	6 TITLE		☐ Change ☐ Addition
Name			6 NAME		
Street Address			6 STREET ADDRESS		
City-St-Zip			6 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: Arlene M. Unger, Chairman/CEO/Secretary 02/19/96 (214) 965-8124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)