

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P34736 (9)

**1. Corporation Name
USAA PROPERTIES III, INC.**



Principal Place of Business
8000 ROBERT F MCDERMOTT FWY
600
SAN ANTONIO TX 78230-3884
US

Mailing Address
8000 ROBERT F MCDERMOTT FWY
600
SAN ANTONIA TX 78230-3882
US

3. Date Incorporated or Qualified 07/18/1991
3a. Date of Last Report 03/07/1996

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip **29** Country **30** Country

4. FEI Number 74-2355708 **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1. TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, EDWARD B	1.2 NAME	Barrow, Martha J.
STREET ADDRESS	8000 ROBERT F MCDERMOTT	1.3 STREET ADDRESS	8000 Robert F. McDermott Fwy, Suite 600
CITY - ST - ZIP	SAN ANTONIO TX	1.4 CITY - ST - ZIP	San Antonio, Texas 78230-3884
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEEWALD, RANDAL R.	2.2 NAME	King, Stephen S.
STREET ADDRESS	8000 ROBERT F. MCDERMOTT	2.3 STREET ADDRESS	8000 Robert F. McDermott Fwy, Suite 600
CITY - ST - ZIP	SAN ANTONIO TX	2.4 CITY - ST - ZIP	San Antonio, Texas 78230-3884
TITLE	AVP <input type="checkbox"/> DELETE	3.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSALES, DAVID A	3.2 NAME	Holmes, David M.
STREET ADDRESS	8000 ROBERT F MCDERMOTT	3.3 STREET ADDRESS	8000 Robert F. McDermott Fwy, Suite 600
CITY - ST - ZIP	SAN ANTONIO TX	3.4 CITY - ST - ZIP	San Antonio, Texas 7830-3884
TITLE	DSVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, T. PATRICK	4.2 NAME	
STREET ADDRESS	8000 ROBERT F MCDERMOTT	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, PEACOCK S.	5.2 NAME	
STREET ADDRESS	8000 ROBERT F. MCDERMOTT	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX	5.4 CITY - ST - ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, SUSAN	6.2 NAME	
STREET ADDRESS	8000 ROBERT F MCDERMOTT	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Randal R. Seewald* **4/10/97** **210-498-0736**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Randal R. Seewald, Vice President**

CR2E034 (9/96)