

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P37647			
1. Corporation Name CENTROBE, INC.			
Principal Place of Business 5400 LEGACY DRIVE PLANO, TX 75024		Mailing Address 5400 LEGACY DRIVE H1 4A 66 PLANO, TX 75024-3105	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 02/26/1992	
21	2a. Mailing Address	4. FEI Number 75-2333190	
Suite, Apt #, etc		Applied For Not Applicable	
22	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution	
23	City & State	\$5.00 May Be Added to Fees	
24	Zip	25 Country	
26	Zip	27 Country	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FLORIDA 32301		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 reinstalling) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D REEVES, STUART G 5400 LEGACY DRIVE PLANO, TX 75024	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MCCASHIN, ROBERT 5400 LEGACY DRIVE PLANO, TX 75024	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CUCCARO, NICHOLAS J 5400 LEGACY DRIVE PLANO, TX 75024	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRENZ, SCOTT J 5400 LEGACY DRIVE PLANO, TX 75024	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARBLE, SHIRLEY J 5400 LEGACY DRIVE PLANO, TX 75024	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BARTON, BARBARA 5400 LEGACY DRIVE PLANO, TX 75024	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	Change Addition

14. I 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, with all other like empowered

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #