

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

97 NOV 14 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P39893 (3)  
1. Corporation Name  
ATUSA, INC.

Principal Place of Business: 5949 SHERRY LANE, SUITE 1900 DALLAS TX 75225  
Mailing Address: 5949 SHERRY LANE, SUITE 1900 DALLAS TX 75225



REINSTATEMENT 97  
DO NOT WRITE IN THIS SPACE

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: 08/03/1992  
3a. Date of Last Report: 01/16/1997  
4. FLEI Number: 75-2439036  
5. Certificate of Status Desired:  Applied For  Not Applicable  
\$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324  
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]* Special Asst. Secretary C. Morales 11/12/97  
(NOTE: Registered Agent's signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	SAMMONS, ELAINE D	
STREET ADDRESS	4242 LOMO ALTO	
CITY-ST-ZIP	DALLAS TX	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	KORBA, ROBERT W	
STREET ADDRESS	300 CRESCENT COURT #700	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARDS, JACK	
STREET ADDRESS	5949 SHERRY LANE #1900	
CITY-ST-ZIP	DALLAS TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GORMAN, JEFF	
STREET ADDRESS	5949 SHERRY LANE #1900	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KECKEISEN, JANET	
STREET ADDRESS	5949 SHERRY LANE #1900	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TODD JOHNSON	
STREET ADDRESS	5949 SHERRY LANE #1900	
CITY-ST-ZIP	DALLAS TX 75225	ADDITION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700002350307--4
1.4 CITY-ST-ZIP	-11/18/97--01041--013
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****758.75 ****758.75
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TODD JOHNSON
6.3 STREET ADDRESS	5949 SHERRY LANE #1900
6.4 CITY-ST-ZIP	DALLAS, TX 75225

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, its 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 or in any attachment with an address.

SIGNATURE: *[Signature]* 10-1-97

CR2E034 (4/97)