

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P41029 (0)

1. Corporation Name

EDS CRISIS RESPONSE FOUNDATION, INC.



Principal Place of Business

5400 LEGACY DRIVE  
PLANO TX 75024

Mailing Address

5400 LEGACY DRIVE  
H1-4A-66  
PLANO TX 75024  
US

3. Date Incorporated or Qualified  
10/16/1992

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

23

Zip

Country

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

4. FEI Number

75-2449034

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

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WROTEN, JOHN W., JR.	
STREET ADDRESS	5400 LEGACY DR	
CITY - ST - ZIP	PLANO TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTLE, JOHN R., JR.	
STREET ADDRESS	5400 LEGACY DR	
CITY - ST - ZIP	PLANO TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, ROBERT F.	
STREET ADDRESS	5400 LEGACY DR	
CITY - ST - ZIP	PLANO TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATSON, KATHY	
STREET ADDRESS	5400 LEGACY DR	
CITY - ST - ZIP	PLANO TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENAC, WILLIAM P.	
STREET ADDRESS	5400 LEGACY DR	
CITY - ST - ZIP	PLANO TX	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MAURICE J.	
STREET ADDRESS	5400 LEGACY DR	
CITY - ST - ZIP	PLANO TX	

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	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMY E. RAIL
3.3 STREET ADDRESS	5400 LEGACY DRIVE
3.4 CITY - ST - ZIP	PLANO, TX 75024
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ATO
6.3 STREET ADDRESS	R. RANDALL CAPPS
6.4 CITY - ST - ZIP	5400 LEGACY DRIVE PLANO, TX 75024

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. RANDALL CAPPS 3/28/96 214-605-1200

Date

Daytime Phone #

CR2E037 (12/95)