

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

**5400 LEGACY DRIVE
PLANO TX 75024**

**5400 LEGACY DRIVE
H1-4A-66
PLANO TX 75024-3105
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/16/1992

3a. Date of Last Report
04/10/1996

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

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WROTEN, JOHN W., JR.**

STREET ADDRESS **5400 LEGACY DR**

CITY-ST-ZIP **PLANO TX**

TITLE **VD** ☐ DELETE

NAME **CASTLE, JOHN R., JR.**

STREET ADDRESS **5400 LEGACY DR**

CITY-ST-ZIP **PLANO TX**

TITLE **V** ☒ DELETE

NAME **ANY E. RAIL**

STREET ADDRESS **5400 LEGACY DRIVE**

CITY-ST-ZIP **PLANO TX**

TITLE **S** ☐ DELETE

NAME **WATSON, KATHY**

STREET ADDRESS **5400 LEGACY DR**

CITY-ST-ZIP **PLANO TX**

TITLE **T** ☐ DELETE

NAME **BENAC, WILLIAM P.**

STREET ADDRESS **5400 LEGACY DR**

CITY-ST-ZIP **PLANO TX**

TITLE **ATO** ☐ DELETE

NAME **R. RANDALL CAPPS**

STREET ADDRESS **5400 LEGACY DR**

CITY-ST-ZIP **PLANO TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**AT
BARTON, BARBARA
5400 LEGACY DRIVE
PLANO TX**

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

CR2E037 (9/96)