

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	10/16/1992	
Suite, Apt. #, etc.		4. FEI Number	
22		75-2449034	
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	
Zip		Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 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 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	P/D	1.1 TITLE	
NAME	WROTEN, JOHN W JR	1.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO, TX 75024	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	ASBURY, BENNETT G	2.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO, TX 75024	2.4 CITY - ST - ZIP	
TITLE	V/D	3.1 TITLE	
NAME	CASTLE, JOHN R JR	3.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO, TX 75024	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	MARBLE, SHIRLEY J	4.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO, TX 75024	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	KRENZ, SCOTT J	5.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO, TX 75024	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	
NAME	BARTON, BARBARA	6.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO, TX 75024	6.4 CITY - ST - ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
5000002832525			
-04/07/99-01095-004			
*****1.2*****			
B 4/2/99 99Am			

CR2E037 (1/98)

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 617, 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: Barbara Barton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-24-99
Daytime Phone #: 9726051200