

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079561 (3)
 1. Corporation Name
9270 EAGLE RANCH ROAD INC.



Principal Place of Business C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	Mailing Address P.O. BOX 13300 TALLAHASSEE FL 32317-3300 US
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 1801 Hermitage Blvd. Suite, Apt. #, etc 22 Suite 600 City & State 23 Tallahassee, FL Zip 24 32308	26 1801 Hermitage Blvd. Suite, Apt. #, etc. 27 Suite 600 City & State 28 Tallahassee, FL Zip 29 32308

3 Date Incorporated or Qualified 10/17/1995
4 FEI Number 85-0435772
5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SCHOW, HORACE II
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.
83 Suite Suite 100
84 City Tallahassee
85 Zip Code FL 32308

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 **David E. Todd** *David E. Todd* **2/19/98**
Signature, typed or printed name of registered agent and title of agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TODD A 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEICKER, JOHN H 666 FIFTH AVENUE NEW YORK NY 10103	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINBERGER, MICHAEL J 666 FIFTH AVENUE NEW YORK NY 10103	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERMAN, SUSAN T 666 FIFTH AVENUE NEW YORK NY 10103	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONGO, ELIZABETH 666 FIFTH AVENUE NEW YORK NY 10103	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Andrews G. Smith 8750 N. Central Expressway, Suite 800 Dallas, TX 75231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Daniel L. Plumlee 8750 N. Central Expressway, Suite 800 Dallas, TX 75231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T Mark V. Welch 8750 N. Central Expressway, Suite 800 Dallas, TX 75231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VAS Joseph W. Dingman 8750 N. Central Expressway, Suite 800 Dallas, TX 75231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V James W. Horton 1801 Hermitage Boulevard Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Douglas W. Bennett, Director** *Douglas W. Bennett* **2/20/98** 850-488-4406

CR2E034 (10/97)