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

0542598

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 10 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S02735**

1. Corporation Name
NATIONAL SUBSIDIARY CORP.

Principal Place of Business
10670 N. CENTRAL EXPRESSWAY
SUITE 600
DALLAS TX 75231

Mailing Address
10670 N. CENTRAL EXPRESSWAY
SUITE 600
DALLAS TX 75231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/1990

4. F.E.I. Number
75-2348989
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE FL 33324

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 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, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	**VP**	[ ] DELETE
NAME	**CANNON, JAMES D**	
STREET ADDRESS	**10670 N CENTRAL EXPWY, STE 300**	
CITY-ST-ZIP	**DALLAS TX 75231**	
TITLE	**PD**	[ ] DELETE
NAME	**PAULSON, RANDALL M**	
STREET ADDRESS	**10670 N CENTRAL EXPWY STE 600**	
CITY-ST-ZIP	**DALLAS TX**	
TITLE	**S**	[ ] DELETE
NAME	**WALDMAN, ROBERT A**	
STREET ADDRESS	**10670 N CENTRAL EXPSWY**	
CITY-ST-ZIP	**DALLAS TX**	
TITLE	**T**	[ ] DELETE
NAME	**POTERA, DREW D**	
STREET ADDRESS	**10670 N. CENTRAL EXPWY., STE. 600**	
CITY-ST-ZIP	**DALLAS TX**	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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****150.00 ****150.00

3/10/99

CR2E034 (11/98)

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 607, 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: _____ 2/23/99 — 2146924700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Robert A. Waldman