FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67732** **(5)**

1. Corporation Name
MATTHEWS HOLDINGS EAST, INC.

Principal Place of Business	Mailing Address
5220 SPRING VALLEY RD. SUITE 500 DALLAS TX 75240	5220 SPRING VALLEY RD. SUITE 500 DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1991**
3a. Date of Last Report: **07/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **75-2419647** ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required where indicated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☑ Change ☐ Addition
NAME	MATTHEWS, JOHN H.	12 NAME	
STREET ADDRESS	5220 SPRING VALLEY ROAD, SUITE 500	13 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP	75240
TITLE	P	21 TITLE	☑ Change ☐ Addition
NAME	FARRELL, ROBERT M.	22 NAME	
STREET ADDRESS	5220 SPRING VALLEY RD., SUITE 500	23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	75240
TITLE	VST	31 TITLE	☑ Change ☐ Addition
NAME	BRIEL, GARY	32 NAME	
STREET ADDRESS	5220 SPRING VALLEY RD.	33 STREET ADDRESS	SUITE 500
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	75240
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	KOZICZ, PETER	42 NAME	
STREET ADDRESS	90 BURNHAMTHORPE ROAD, WEST, SUITE 1504	43 STREET ADDRESS	Deleted
CITY-ST-ZIP	MISSISSAUGA ON	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	HOCHENWOHLFARTH, HANS	52 NAME	WOHLFARTH, HANS HOCHEN
STREET ADDRESS	90 BURNHAMTHORPE ROAD WEST, SUITE 1504	53 STREET ADDRESS	5220 SPRING VALLEY RD., SUITE 500
CITY-ST-ZIP	MISSISSAUGA ON	54 CITY-ST-ZIP	DALLAS, TX. 75240
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ Gary A. Briel 4/20/95 (214)934-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302660 CP