

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90503 029 ***150.00

DOCUMENT # F00000000697					
1. Entity Name CALLISMA, INC.					
Principal Place of Business 175 E. HOUSTON ST. SAN ANTONIO, TX 78205			Mailing Address 175 E. HOUSTON ST. SAN ANTONIO, TX 78205		
2. Principal Place of Business		3. Mailing Address 1010 N. Saint Mary's Suite, Apt. #, etc. 9-8-40			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State San Antonio, TX		4. FEI Number 94-3341029	
Zip		Zip 78215		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>n/a</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME TROUPE, RALPH S		<input type="checkbox"/> Delete		
STREET ADDRESS 175 E. HOUSTON ST.	SAN ANTONIO, TX 78205		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE S	NAME HARTER, DIANA J		<input type="checkbox"/> Delete		
STREET ADDRESS 175 E. HOUSTON ST.	SAN ANTONIO, TX 78205		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE VP	NAME MIAGO, DAVID F		<input type="checkbox"/> Delete		
STREET ADDRESS 175 E. HOUSTON ST.	SAN ANTONIO, TX 78205		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE T	NAME VIOLA, MICHAEL J		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 175 E. HOUSTON ST.	SAN ANTONIO, TX 78205		TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE D	NAME WILKINS, RAYFORD JR.		<input type="checkbox"/> Delete		
STREET ADDRESS 175 E. HOUSTON ST.	SAN ANTONIO, TX 78205		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE D	NAME KAHAN, JAMES S		<input type="checkbox"/> Delete		
STREET ADDRESS 175 E. HOUSTON ST.	SAN ANTONIO, TX 78205		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:		Daniel V. James Asst. Treasurer 4/27/05 (210)8864922			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			