

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 AM 8:50

DOCUMENT # **F93000003612 (9)**

1. Corporation Name

BRAZOS ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

600 EAST LAS COLINAS BLVD.
IRVING TX 75039

600 EAST LAS COLINAS BLVD.
IRVING TX 75039

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1993** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
75-2488607

Applied For
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 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.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDAS
NAME	GRAYKEN, JOHN P
STREET ADDRESS	600 E. LAS COLINAS BLVD.
CITY- ST- ZIP	IRVING TX 75039
TITLE	P
NAME	GIDEL, ROBERT H
STREET ADDRESS	600 E. LAS COLINAS BLVD.
CITY- ST- ZIP	IRVING TX 75039
TITLE	V
NAME	HARRIS, R. SCOTT
STREET ADDRESS	600 E. LAS COLINAS BLVD.
CITY- ST- ZIP	IRVING TX 75039
TITLE	VCFO
NAME	ANDERSON, CHARLES A
STREET ADDRESS	600 E. LAS COLINAS BLVD.
CITY- ST- ZIP	IRVING TX 75039
TITLE	VS
NAME	GREENE, ROGER S
STREET ADDRESS	600 E. LAS COLINAS BLVD.
CITY- ST- ZIP	IRVING TX 75039
TITLE	VAS
NAME	CARL, BERNARD J
STREET ADDRESS	1133 CONNECTICUT AVE., N.W., SUITE 800
CITY- ST- ZIP	WASHINGTON DC 20036

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Robert J Cosceani
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Robert J Cosceani, Vice President

1/24/95 (214) 831-2000