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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90204 002 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F93000005864

1. Corporation Name
MACK POGUE, INC.

| | |
|---|---|
| Principal Place of Business 1505 FEDERAL ST DALLAS TX 75201 | Mailing Address PO BOX 1920 DALLAS TX 75201 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|--------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/27/1993 | | 4. FEI Number 75-2515676 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 5. Certificate of Status Desired <input type="checkbox"/> | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------|------|------------------|---|--|-----------------|--|
| TITLE | PD | NAME | POGUE, MACK | 1.1 TITLE | | 1.2 NAME | |
| STREET ADDRESS | 1505 FEDERAL ST. | | | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | DALLAS TX 75201 | | | 2.1 TITLE | | 2.2 NAME | |
| TITLE | VST | NAME | DAVIS, NANCY A | 2.3 STREET ADDRESS | | 2.4 CITY-ST-ZIP | |
| STREET ADDRESS | 1505 FEDERAL ST. | | | 3.1 TITLE | | 3.2 NAME | |
| CITY-ST-ZIP | DALLAS TX 75201 | | | 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| TITLE | AS | NAME | EVERETT, LEIGH A | 4.1 TITLE | | 4.2 NAME | |
| STREET ADDRESS | 1505 FEDERAL ST | | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | DALLAS TX 75201 | | | 5.1 TITLE | | 5.2 NAME | |
| TITLE | | NAME | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| STREET ADDRESS | | | | 6.1 TITLE | | 6.2 NAME | |
| CITY-ST-ZIP | | | | 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | |

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:

Leigh Ann Everett
Asst. Secretary

4-5-99

(214) 740-4440

Daytime Phone #

CR2E034 (11/98)