

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P16195** (0)
1. Corporation Name
HANOVER MANAGEMENT COMPANY, INC.

Principal Place of Business: **5847 SAN FELIPE SUITE 3900 HOUSTON TX 77057**
Mailing Address: **5847 SAN FELIPE SUITE 3900 HOUSTON TX 77057**

2. Principal Place of Business: Suite Apt #, etc. **Suite 3600**
City & State: **Suite 3600**
24. ZIP: **77057** 25. County: **Houston** 29. ZIP: **77057** 30. County: **Houston**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

APPROVED AND FILED
25 MAY - 1 14 4:57
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1987** 3a. Date of Last Report: **03/17/1994**
4. FEI Number: **76-0106678** 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 S. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent
81. Name: **CT CORPORATION SYSTEM**
82. Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**
83. **PLANTATION FL 33324**
84. City: **PLANTATION** 85. Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0562 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 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* No. 11. Registered Agent (signature, registered agent name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TITLE: PD NAME: BERGERON, BEN D. STREET ADDRESS: 5847 SAN FELIPE, #3900 CITY, ST. ZIP: HOUSTON TX	1. TITLE: Director / Co-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: BERGERON, BEN D. 3. STREET ADDRESS: 5847 SAN FELIPE, #3900 4. CITY, ST. ZIP: HOUSTON TX		
TITLE: VSD NAME: BOWDEN, J. MURRY STREET ADDRESS: 5847 SAN FELIPE, #3900 CITY, ST. ZIP: HOUSTON TX	1. TITLE: Director / Co-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: BOWDEN, J. MURRY 3. STREET ADDRESS: 5847 SAN FELIPE, #3900 4. CITY, ST. ZIP: HOUSTON TX		
TITLE: V NAME: PETERS, MARY STREET ADDRESS: 5847 SAN FELIPE, #3900 CITY, ST. ZIP: HOUSTON TX	1. TITLE: V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: PETERS, MARY 3. STREET ADDRESS: 5847 SAN FELIPE, #3900 4. CITY, ST. ZIP: HOUSTON TX		
TITLE: AS NAME: MARTINO, VERA STREET ADDRESS: 5847 SAN FELIPE, #3900 CITY, ST. ZIP: HOUSTON TX	1. TITLE: AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: MARTINO, VERA 3. STREET ADDRESS: 5847 SAN FELIPE, #3900 4. CITY, ST. ZIP: HOUSTON TX		
TITLE: TAS NAME: THOMPSON, MICHAEL D. STREET ADDRESS: 5847 SAN FELIPE, #3900 CITY, ST. ZIP: HOUSTON TX	1. TITLE: President / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: THOMPSON, MICHAEL D. 3. STREET ADDRESS: 5847 SAN FELIPE, #3900 4. CITY, ST. ZIP: HOUSTON TX		
TITLE: Executive V.P. / A.S. NAME: Jr, FATHEREE, JAMES L. STREET ADDRESS: 5847 SAN FELIPE, SUITE 3600 CITY, ST. ZIP: HOUSTON, TX 77057	1. TITLE: Executive V.P. / A.S. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: Jr, FATHEREE, JAMES L. 3. STREET ADDRESS: 5847 SAN FELIPE, SUITE 3600 4. CITY, ST. ZIP: HOUSTON, TX 77057		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as an officer or director.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR: **Bo Buchanan, Treas.**
4-21-95 713/267-2100