

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P39792 (7)

1. Corporation Name
PAGE MART, INC.



Principal Place of Business: 6688 N. CENTRAL EXP SUITE 800 DALLAS TX 75206
Mailing Address: 6688 N. CENTRAL EXP SUITE 800 DALLAS TX 75206

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 75-2283921
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 (checked), No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYES ST, STE 105, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CPCE	NAME: BELETIC, JOHN	1.1 TITLE:	VP/CFO
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	1.2 NAME:	Clay Myers
TITLE: EV	NAME: HILTON, KENNETH	1.3 STREET ADDRESS:	6688 N Central Exp Suite 800
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	1.4 CITY-ST-ZIP:	Dallas TX 75206
TITLE: V	NAME: WECSLER, LAWRENCE	2.1 TITLE:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	2.2 NAME:	
TITLE: V	NAME: NELSON, RICHARD	2.3 STREET ADDRESS:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	2.4 CITY-ST-ZIP:	
TITLE: V	NAME: NEAL, SANDRA	3.1 TITLE:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	3.2 NAME:	
TITLE: V	NAME: HOPKINS, FRANCES	3.3 STREET ADDRESS:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	3.4 CITY-ST-ZIP:	
TITLE: V	NAME: HOPKINS, FRANCES	4.1 TITLE:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	4.2 NAME:	
TITLE: V	NAME: HOPKINS, FRANCES	4.3 STREET ADDRESS:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	4.4 CITY-ST-ZIP:	
TITLE: V	NAME: HOPKINS, FRANCES	5.1 TITLE:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	5.2 NAME:	
TITLE: V	NAME: HOPKINS, FRANCES	5.3 STREET ADDRESS:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	5.4 CITY-ST-ZIP:	
TITLE: V	NAME: HOPKINS, FRANCES	6.1 TITLE:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	6.2 NAME:	
TITLE: V	NAME: HOPKINS, FRANCES	6.3 STREET ADDRESS:	
STREET ADDRESS: 6688 N. CENTRAL EXPRESSWAY, SUITE 800	CITY-ST-ZIP: DALLAS TX 75206	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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Clay Myers VP/CFO
CUSTOMER PHONE #: (214) 750-5809

CR2E034 (12/95)