

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-17-1999 90091 020 ****150.00

DOCUMENT # **F98000001414**

1. Corporation Name
HAMPDEN RIDGE CORPORATION



Principal Place of Business
**THE SINCLAIR BLDG
 512 MAIN STREET. 14TH FL
 FORT WORTH TX 76102**

Mailing Address
**THE SINCLAIR BLDG
 512 MAIN STREET. 14TH FL
 FORT WORTH TX 76102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1998

4. FEI Number
APPLIED FOR

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	AUTREY, GABRIELA	
STREET ADDRESS	CAMPOS ELISEOS NO 1 PISO 10	
CITY-ST-ZIP	COLONIA POLANCO MEXICO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AUTREY, JORGE H	
STREET ADDRESS	CAMPOS ELISEOS NO 1 PISO 10	
CITY-ST-ZIP	COLONIA POLANCO MEXICO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AUTREY, LORENZA	
STREET ADDRESS	CAMPOS ELISEOS NO 1 PISO 10	
CITY-ST-ZIP	COLONIA POLANCO MEXICO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AUTREY, ZITA L	
STREET ADDRESS	CAMPOS ELISEOS NO 1 PISO 10	
CITY-ST-ZIP	COLONIA POLANCO MEXICO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AUTREY, ANTONIA G	
STREET ADDRESS	CAMPOS ELISEOS NO 1 PISO 10	
CITY-ST-ZIP	COLONIA POLANCO MEXICO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	AUTREY, JOSE L	
STREET ADDRESS	CAMPOS ELISEOS NO 1 PISO 10	
CITY-ST-ZIP	COLONIA POLANCO MEXICO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	APPLIED FOR
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 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: _____ SIGNATURE REQUIRED _____ Date: **1-23-99** Daytime Phone #: **817 332-6400**

CR2E034 (11/98)