


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90028 011 \*\*\*158.75

**DOCUMENT # 849177**  
 1. Entity Name  
**CBCA ADMINISTRATORS, INC.**



Principal Place of Business  
**4150 INTERNATIONAL PLAZA, #900**  
**SUITE #550**  
**FT WORTH, TX 76109 US**

Mailing Address  
**4150 INTERNATIONAL PLAZA, #900**  
**SUITE #550**  
**FT WORTH, TX 76109 US**

2. Principal Place of Business - No P.O. Box #  
**4150 International Plaza**  
 Suite, Apt. #, etc.  
**Suite:550**

3. Mailing Address  
**4150 International Plaza**  
 Suite, Apt. #, etc.  
**Suite: 550**

City & State  
**Fort Worth, TX**

City & State  
**Fort Worth, TX**

Zip  
**76109**

Country  
**US**

Zip  
**76109**

Country  
**US**

**40055400**



01032008 Chg-P CR2E034 (12/06)

4. FEI Number  
**23-2176124**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY.**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NAPIER, RODNEY</b> <b>250 E. BROAD ST 21ST FLOOR</b> <b>COLUMBUS, OH 43215</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Laurel Faciane.</b> <b>4150 International Plaza</b> <b>Fort Worth, TX 76109</b> Suite: 550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>DIBELLA, KEN</b> <b>250 E BROAD ST, 21ST FLOOR</b> <b>COLUMBUS, OH 43215</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Laurel Faciane** 3/25/08 817-737-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #