

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005476

FILED
Apr 12, 2011
Secretary of State

Entity Name: FREEMAN SERVICES, INC.

Current Principal Place of Business:

1600 VICEROY DR.
SUITE 100
DALLAS, TX 752352306

New Principal Place of Business:

Current Mailing Address:

PO BOX 660613
DALLAS, TX 752660613

New Mailing Address:

FEI Number: 83-0378303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: FREEMAN, DONALD S JR.
Address: 1600 VICEROY DRIVE, SUITE 100
City-St-Zip: DALLAS, TX 752352306

Title: CEOD
Name: POPOLO, JOSEPH V JR.
Address: 1600 VICEROY DRIVE, SUITE 100
City-St-Zip: DALLAS, TX 752352306

Title: VC
Name: FREEMAN PARSONS, CARRIE
Address: 1600 VICEROY DRIVE, SUITE 100
City-St-Zip: DALLAS, TX 752352306

Title: AS
Name: GOFF, DEREK W JR.
Address: 1600 VICEROY DRIVE, SUITE 100
City-St-Zip: DALLAS, TX 752352306

Title: EVP
Name: MOSELEY, ELLIS E
Address: 1600 VICEROY DRIVE, SUITE 100
City-St-Zip: DALLAS, TX 752352306

Title: SVP
Name: REPP, DAWNN M
Address: 1600 VICEROY DRIVE, SUITE 100
City-St-Zip: DALLAS, TX 752352306

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEREK W. GOFF

AS

04/12/2011

Electronic Signature of Signing Officer or Director

_____ Date