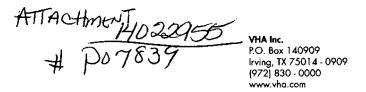
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

## May 24, 2004 8:00 am Secretary of State DOCUMENT # P07839 1. Entity Name 05-24-2004 90012 005 \*\*\*550.00 VHA INC. Principal Place of Business Mailing Address 220 E LAS COLINAS BLVD 220 E LAS COLINAS BLVD **LTUWWOOT IRVING TX 75039** IRVING TX 75039 2. Principal Place of Business 3. Mailing Address 220 E. Las Colunas ounas Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) \_City & State City & State . 4. FEI Number Applied For 38-2182248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U5F 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NONOMAQUE, CURT NAME NAME STREET ADDRESS 220 EAST LAS COLINAS BLVD STREET ADDRESS CITY-ST-ZIP IRVING TX 75039-5500 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHAPEL, ROBERT NAME NAME STREET ADDRESS 220 EAST LAS COLINAS BLVD STREET ADDRESS CITY-ST-7IP IRVING TX 75039-5500 CITY-ST-ZIP S-----TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LLOYD, MARCEA B NAME STREET ADDRESS STREET ADDRESS 220 E LAS COLINAS BLVD CITY-ST-ZIP IRVING TX 75039-5500 CITY-ST-ZIP TITI F ☐ Defete Addition TITLE ☐ Change CORLEY, WILLIAM E NAME NAME 220 E LAS COLINAS BLVD STREET ADDRESS STREET ADDRESS IRVING TX 75039-5500 City-St-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition CROTTY, JOHN NAME NAME 220 E LAS COLINAS BLVD. STREET ADDRESS STREET ADDRESS IRVING TX 75039-5500 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chaene Addition DAHLBERG, EDWIN E NAME NAME 220 E LAS COLINAS BLVD. STREET ADDRESS STREET ADDRESS CiTY-ST-78 IRVING TX 75039-5500 CITY-ST-ZIP 12. 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 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 trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if





May 19, 2004

Florida Department of State Divisions of Corporations Annual Reports Section PO Box 6850 Tallahassee, FL 32314

Re: VHA Inc.

Dear Madam/Sir:

Enclosed please find an executed annual report for VHA Inc., along with a check in the amount of \$550.00 to cover the required filing fees. Please file the report with the Secretary of State and return any acknowledgement of filing to my attention.

Do not hesitate to call me if you have any questions or need any additional information. I can be reached at 972-830-0650 or <a href="mailto:mhudson@vha.com">mhudson@vha.com</a>.

Sincerely,

Melissa Hudson Sr. Paralegal

**Enclosures** 

