

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 693720

**Entity Name:** THE SIMPLICITY PLAN, INC.

**Current Principal Place of Business:**

1929 ALLEN PARKWAY  
HOUSTON, TX 77019

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC5542752701**

**Current Mailing Address:**

1929 ALLEN PARKWAY  
TAX DEPT  
HOUSTON, TX 77019 US

**FEI Number: 59-3506520**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LONGINO, NOBLE L  
Address        1929 ALLEN PARKWAY  
                  TAX DEPT  
City-State-Zip: HOUSTON TX 77019

Title            VICE PRESIDENT  
Name            LACOUR, ANGELA M  
Address        1333 S CLEARVIEW PKWY  
City-State-Zip: JEFFERSON LA 70121

Title            SECRETARY  
Name            KEYF, JANET S  
Address        1929 ALLEN PARKWAY  
                  TAX DEPT  
City-State-Zip: HOUSTON TX 77019

Title            VICE PRESIDENT  
Name            BRIGGS, CURTIS G  
Address        1929 ALLEN PARKWAY  
                  TAX DEPT  
City-State-Zip: HOUSTON TX 77019

Title            TREASURER, DIRECTOR  
Name            TRIESCH, MICHAEL G  
Address        1929 ALLEN PARKWAY  
                  TAX DEPT  
City-State-Zip: HOUSTON TX 77019

Title            ASSISTANT SECRETARY  
Name            GIBBS, BRENDA K  
Address        1333 S. CLEARVIEW PARKWAY  
City-State-Zip: JEFFERSON LA 70121

*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: MICHAEL G TRIESCH**

**TREASURER**

**04/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date