

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003102

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC5348710725**

**Entity Name:** AFFILIATED WORKERS ASSOCIATION INC

**Current Principal Place of Business:**

101 E PARK BLVD SUITE 600  
PLANO, TX 75074

**Current Mailing Address:**

101 E PARK BLVD SUITE 600  
PLANO, TX 75074

**FEI Number:** 43-1942346

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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, DIRECTOR  
Name            PETERSON, NEIL  
Address        101 E PARK BLVD SUITE 600  
City-State-Zip: PLANO TX 75074

Title            VP, DIRECTOR  
Name            BURLEY, JEFF  
Address        101 E PARK BLVD SUITE 600  
City-State-Zip: PLANO TX 75074

Title            SECRETARY, DIRECTOR  
Name            RAY, JOEY  
Address        101 E PARK BLVD SUITE 600  
City-State-Zip: PLANO TX 75074

Title            TREASURER, DIRECTOR  
Name            WOLFE, RALPH  
Address        101 E. PARK BLVD.  
                  SUITE 600  
City-State-Zip: PLANO TX 75074

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEY RAY

**SECRETARY**

**01/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date