


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90187 039 \*\*\*150.00

<b>DOCUMENT # 178299</b> 1. Entity Name <b>EFS XIII, INC.</b>					
Principal Place of Business <b>1221 LAMAR ST SUITE 1600</b> <b>HOUSTON, TX 77010 US</b>			Mailing Address <b>1221 LAMAR ST SUITE 1600</b> <b>HOUSTON, TX 77010 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1331 Lamar St.</b>		3. Mailing Address <b>1331 Lamar St.</b>			
Suite, Apt. #, etc. <b>Suite 1600</b>		Suite, Apt. #, etc. <b>Suite 1600</b>			
City & State <b>Houston, Tx 77010</b>		City & State <b>Houston, Tx 77010</b>		4. FEI Number <b>59-0711627</b>	
Zip <b>77010</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLINE, K. WADE <input type="checkbox"/> Delete 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cline, K. Wade 1331 Lamar St, Suite 1600 Houston, Tx 77010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete LEE, PATRICIA A 1221 LAMAR ST STE 1600 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lee, Patricia A 1331 Lamar St. Suite 1600 Houston, Tx 77010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete SMALLING, J MICHAEL 1221 LAMAR ST STE 1600 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Smalling, J Michael 1331 Lamar St., Suite 1600 Houston, Tx 77010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO <input checked="" type="checkbox"/> Delete MILLS, SCOTT 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete DAVIS, ANGUS H 1221 LAMAR STREET STE 1600 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Davis, Angus H 1331 Lamar St, Suite 1600 Houston, Tx 77010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LYDECKER, RICHARD A JR 1221 LAMAR ST STE 1600 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lydecker, Richard A Jr 1331 Lamar St. Suite 1600 Houston, Tx 77010	
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: <i>Patricia A. Lee</i>		Patricia A. Lee, Asst. Secretary <b>713-853-5172</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			