2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530881

MCCOY, GLÈNN D

401 S. TRYON ST

CHARLOTTE, NC 28202

Name: Address:

City-St-Zip:

Entity Name: HORIZON MANAGEMENT SERVICES, INC

FILED Apr 23, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
41111 SOL	JTH DARLING	STON				
SUITE 300		0				
TULSA, O		_				
Current Mailing Address:			New Maili	New Mailing Address:		
	TERVILLE RO	AD				
SUITE 400) FON, DE 1980)8 US				
	,					
FEI Number:	: 59-2193986	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired	()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
1201 HAYS SUITE 105	SSTREET	CORPORATION SYSTEM, INC 01 US	D.			
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, o	or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Ag	gent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIR	ECTORS	
Title:	VP ()) Delete	Title:	() Change () Addition		
Name:	MITCHELL, AP		Name:			
Address:	301 S. COLLEC		Address:			
City-St-Zip:	CHARLOTTE, N	IC 28288	City-St-Zip:			
Title:	SEC ()) Delete	Title:	SEC (X) Change () Addition		
Name:	EAGAN, KATHL		Name:	EGAN, KATHLEEN		
Address:	301 S. COLLEC		Address:	301 S. COLLEGE ST		
City-St-Zip:	CHARLOTTE, N	IC 28288	City-St-Zip:	CHARLOTTE, NC 28288		
Title:	P/D ()) Delete	Title:	() Change () Addition		
Name:	FOWLER, WIL	LIAM T	Name:			
Address:		VILLE PARKWAY	Address:			
City-St-Zip:	ROSEVILLE, C	A 95661	City-St-Zip:			
Title:	T ()) Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: APRILLE M. MITCHELL VP 04/23/2009