

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829106

FILED
Apr 22, 2005
Secretary of State

Entity Name: STATION OPERATORS INC.

Current Principal Place of Business:

3225 GALLOWS RD
FAIRFAX, VA 22037 US

New Principal Place of Business:

Current Mailing Address:

800 BELL STREET
STATE TAX DEPT.
HOUSTON, TX 77002 US

New Mailing Address:

800 BELL STREET
STATE TAX DEPT. ROOM 2441
HOUSTON, TX 77002 US

FEI Number: 13-2729041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SORACI, B.A.
Address: 3225 GALLOWS RD.
City-St-Zip: FAIRFAX, VA 22037

Title: VD () Delete
Name: DISCH, J.H.
Address: 3225 GALLOWS RD.
City-St-Zip: FAIRFAX, VA 22037

Title: VP () Delete
Name: THORNTON, P.J.
Address: 800 BELL ST.
City-St-Zip: HOUSTON, TX 77002

Title: S () Delete
Name: TEPIKIAN, P.R.
Address: 3225 GALLOWS RD
City-St-Zip: FAIRFAX, VA 22037

Title: AS () Delete
Name: SMOTHERS, L.A.
Address: 800 BELL ST.
City-St-Zip: HOUSTON, TX 77002 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CARR, C.
Address: 3 PINE LODGE PLACE
City-St-Zip: THE WOODLANDS, TX 77282

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LYNN A. SMOTHERS

AS

04/22/2005

Electronic Signature of Signing Officer or Director

Date