


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 844152</b> 1. Entity Name <b>MARVIN F. POER AND COMPANY</b>	
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Principal Place of Business <b>12700 HILLCREST ROAD STE. 125 DALLAS, TX 75230 US</b>	Mailing Address <b>12700 HILLCREST ROAD STE. 125 DALLAS, TX 75230 US</b>
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01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-1533973</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAO SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>04/17/08-80006-011 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POER, MARVIN F 12700 HILLCREST RD, STE 125 DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUBOIS, WILLIAM L 12700 HILLCREST RD, STE 125 DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCBRIDE, KATHRYN 12700 HILLCREST RD, STE 125 DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, WILLIAM 930 WOODCOOK RD. STE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Kathryn M. Bude* VP-Finance 4/1/08 912 770 1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #