


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b>                                   |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # 846864 (7)</b><br>1. Corporation Name<br><b>WALCO INTERNATIONAL, INC.</b> |   |   |



|  |  |
|--|--|
| Principal Place of Business<br><b>846 NORTH MAIN, SUITE 8<br/>PORTERVILLE CA 93257</b> | Mailing Address<br><b>846 NORTH MAIN, SUITE 8<br/>PORTERVILLE CA 93257</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |                     |            |
|---|--|---------------------|------------|
| 2. Principal Place of Business                          |  | 2a. Mailing Address |            |
| 21 <b>1701 W. Northwest Hwy.</b><br>Suite, Apt. #, etc. | 26 <b>P.O. Box 2598</b><br>Suite, Apt. #, etc. |                     |            |
| 22 <b>Grapevine, TX</b><br>City & State                 | 27 <b>Grapevine, TX</b><br>City & State        |                     |            |
| 23 <b>76051</b><br>Zip                                  | 28 <b>77099</b><br>Zip                         |                     |            |
| 24 Country  | 25 Country                                     | 29 Country          | 30 Country |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/02/1980</b>   |  |
| 4. FEI Number<br><b>94-2177786</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent                                   |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  |

|   |             |
|---|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |
| <b>FL</b>   |             |

11. Pursuant to the provisions of Sections 607.0542 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>PD SWINDLER, STEPHEN F</b>   |
| STREET ADDRESS             | <b>457 N KANAI</b>              |
| CITY-ST-ZIP                | <b>PORTERVILLE CA</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>EVD BOMAR, JIM</b>           |
| STREET ADDRESS             | <b>RT 2 BOX 225</b>             |
| CITY-ST-ZIP                | <b>PLEASANTON TX</b>            |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D GARLIN, DONALD A.</b>      |
| STREET ADDRESS             | <b>16250 MUSTANG DR</b>         |
| CITY-ST-ZIP                | <b>PORTERVILLE CA</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D TATUM, MAUREEN</b>         |
| STREET ADDRESS             | <b>835 EAST UTAH</b>            |
| CITY-ST-ZIP                | <b>FRESNO CA</b>                |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>T FRICKE, L. C.</b>          |
| STREET ADDRESS             | <b>471 W. BELLEVIEW</b>         |
| CITY-ST-ZIP                | <b>PORTERVILLE CA</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>President James C. Robison</b>  |
| 1.3 STREET ADDRESS                                    | <b>1701 W. Northwest Hwy.</b>  |
| 1.4 CITY-ST-ZIP                                       | <b>Grapevine, TX 76051</b>   |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>SVP/Treasurer Kevin F. Holt</b>   |
| 2.3 STREET ADDRESS                                    | <b>1701 W. Northwest Hwy.</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>Grapevine, Tx. 76051</b>  |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | <b>VP Steve Shetlar</b>  |
| 3.3 STREET ADDRESS                                    | <b>21145 Shiloh Circle</b>   |
| 3.4 CITY-ST-ZIP                                       | <b>Elkhorn, NE 68022</b>   |
| 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | <b>VP Greg Eveland</b>   |
| 4.3 STREET ADDRESS                                    | <b>4869 E. Raines Rd.</b>  |
| 4.4 CITY-ST-ZIP                                       | <b>Memphis, TN. 38118</b>  |
| 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  | <b>Director Gregory M. Benson</b>  |
| 5.3 STREET ADDRESS                                    | <b>2 Copley Place</b>  |
| 5.4 CITY-ST-ZIP                                       | <b>Boston, MA 02116</b>  |
| 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  | <b>VP/Secretary Craig H. Weber</b>   |
| 6.3 STREET ADDRESS                                    | <b>1701 W. Northwest Hwy.</b>  |
| 6.4 CITY-ST-ZIP                                       | <b>Grapevine, TX 76051</b>   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gau. M. Swalbe* 130-98 017-370-5034

CR2E034 (10/97)