

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90224 036 ***150.00

DOCUMENT # 846864

1. Corporation Name

WALCO INTERNATIONAL, INC.

Principal Place of Business

1701 W. NORTHWEST HWY
GRAPEVINE TX 76051
US

Mailing Address

P.O. BOX 2500
GRAPEVINE TX 77090
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1980

4. FEI Number

94-2177786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 520 S. Main Street
Suite, Apt. #, etc.

26 520 S. Main Street
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Grapevine TX
Zip Country

28 Grapevine TX
Zip Country

24 76051 25 USA

29 76051 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ROBINSON, JAMES
STREET ADDRESS 1701 W. NORTHWEST HWY
CITY-ST-ZIP GRAPEVINE TX 76051

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 520 S. Main Street
1.4 CITY-ST-ZIP

TITLE SVPT ☐ DELETE
NAME HOLT, KEVIN F.
STREET ADDRESS 1701 W. NORTHWEST HWY
CITY-ST-ZIP GRAPEVINE FL 76051

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 520 S. Main Street
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME SHETLAR, STEVE
STREET ADDRESS 21145 SHILOH CIRCLE
CITY-ST-ZIP ELKHORN NE 68022

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME EVELAND, GREGG
STREET ADDRESS 4869 E. RAINES RD
CITY-ST-ZIP MEMPHIS TN 38118

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME EVELAND, GREG
4.3 STREET ADDRESS 520 S. Main Street
4.4 CITY-ST-ZIP Grapevine TX 76051

TITLE D ☐ DELETE
NAME BENSON, GREGORY M.
STREET ADDRESS 2 COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPS ☐ DELETE
NAME WEBER, CRAIG H.
STREET ADDRESS 1701 W. NORTHWEST HWY
CITY-ST-ZIP GRAPEVINE TX 76051

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 520 S. Main Street
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Craig H. Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-99

Date

817-601-3008

Daytime Phone #

CR2E034 (11/98)