

2001 UNIFORM BUSINESS REPORT (UBR)

0136515 AB

DOCUMENT # 846864

1. Entity Name
WALCO INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 PM 12:47

Principal Place of Business
520 S MAIN ST
GRAPEVINE TX 76051
US

Mailing Address
520 S MAIN ST
GRAPEVINE TX 76051
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2177786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE Michael E. Jones
Signature, typed or printed name of registered agent and title if applicable Assistant Secretary

10/31/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROBISON, JAMES C
STREET ADDRESS 520 S MAIN ST
CITY-ST-ZIP GRAPEVINE TX 76051 ☐ Delete

TITLE
NAME 700004698387
STREET ADDRESS -11/29/01--01048--020
CITY-ST-ZIP ****750.00 ****750.00 ☐ Change ☐ Addition

TITLE SVPT
NAME HOLT, KEVIN F.
STREET ADDRESS 520 SOUTH MAIN ST
CITY-ST-ZIP GRAPEVINE FL 76051 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME EVELAND, GREG
STREET ADDRESS 520 S MAIN STREET
CITY-ST-ZIP GRAPEVINE TX 76051 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME HARNESS, JOSEPH A
STREET ADDRESS 520 S MAIN ST
CITY-ST-ZIP GRAPEVINE TX 76051 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Harness
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01

817-601-6000

Date

Daytime Phone #

CR2E034 (5/01)