## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 846864**

Entity Name: WALCO INTERNATIONAL, INC.

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 520 S MAIN ST GRAPEVINE, TX 76051 US **Current Mailing Address: New Mailing Address:** 520 S MAIN ST GRAPEVINE, TX 76051 US FEI Number: 94-2177786 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROBISON, JAMES C Name: Name: 520 S MAIN ST Address: Address: City-St-Zip: GRAPEVINE, TX 76051 City-St-Zip: Title: SVPT Title: () Delete () Change () Addition Name: HOLT, KEVIN F. Name: 520 SOUTH MAIN ST Address: Address: GRAPEVINE, FL 76051 City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition EVELAND, GREG Name: Name: 520 S MAIN STREET Address: Address: City-St-Zip: GRAPEVINE, TX 76051 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BENSON, GREGORY M. Name: Name: Address: 2 COPLEY PLACE Address: City-St-Zip: BOSTON, MA 02116 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH A. HARNESS S 04/14/2004

HARNESS, JOSEPH A

GRAPEVINE, TX 76051

520 S MAIN ST

Name:

Address: City-St-Zip: