2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 848356

1. Entity Name
MCLANE COMPANY, INC.

Principal Place of Business	Mailing Address
4747 MCLANE PKWY PO BOX 6115 TEMPLE, TX 76503-6115 US	4747 MCLANE PKWY PO BOX 6115 TEMPLE, TX 76503-6115 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-1478631
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	GRAVES, DONALD R.
STREET ADDRESS	4747 MCLANE PARKWAY
CITY-ST-ZIP	TEMPLE, TX
TITLE	T
NAME	KEVIN J. KOCH
STREET ADDRESS	4747 MCLANE PKWY
CITY-ST-ZIP	TEMPLE, TX
TITLE	VD
NAME	MCELROY, TERRY
STREET ADDRESS	4747 MCLANE PKWY
CITY-ST-ZIP	TEMPLE, TX
TITLE	PD
NAME	ROSIER, WILLIAM G.
STREET ADDRESS	4747 MCLANE PKWY
CITY-ST-ZIP	TEMPLE, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80037-019 150.00

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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: _____ Kevin J. Koch 1/12/06 254/771-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #