

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 848356

1. Entity Name

MCLANE COMPANY, INC.



Principal Place of Business

**4747 MCLANE PKWY
PO BOX 6115
TEMPLE, TX 76503-6115 US**

Mailing Address

**4747 MCLANE PKWY
PO BOX 6115
TEMPLE, TX 76503-6115 US**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number

74-1478631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PD
NAME YOUNGBLOOD, MIKE
STREET ADDRESS 4747 MCLANE PKWY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE CEO
NAME ROSIER, WILLIAM G.
STREET ADDRESS 4747 MCLANE PKWY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE EVD
NAME KENT, JAMES L.
STREET ADDRESS 4747 MCLANE PKWY.
CITY-ST-ZIP TEMPLE, TX 76504

TITLE S
NAME MEWHINNEY, LEN
STREET ADDRESS 4747 MCLANE PKWY.
CITY-ST-ZIP TEMPLE, TX 76504

U00000834556
02/28/08-80057-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN J. KOCH, TREASURER

2/11/08 254/771-7500

Date

Daytime Phone #