

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F00000004212

1. Entity Name
WHO'S CALLING, INC.



Principal Place of Business

6700 HOLLISTER
OH-TAX DEPT.
HOUSTON, TX 77040

Mailing Address

6700 HOLLISTER
OH-TAX DEPT.
HOUSTON, TX 77040

DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number

91-1924099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

**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

000000344762
03/13/08-80012-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOC
BROCKMAN, ROBERT T
6700 HOLLISTER
HOUSTON, TX 77040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NALLEY, ROBERT M
6700 HOLLISTER
HOUSTON, TX 77040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
BUNNEY, KENNETH E
ONE REYNOLDS WAY
KETTERING, OH 45430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MATTESON, WILLIAM W
ONE REYNOLDS WAY
KETTERING, OH 45430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
HUCHINGSON, COLQUITT B
6700 HOLLISTER
HOUSTON, TX 77040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
HOLENDER, DONALD B
6700 HOLLISTER
HOUSTON, TX 77040

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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

Feb. 26, 2008

Date

(937) 485-2783

Daytime Phone #