## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000004641

Entity Name: ELOA EMPLOYEE CORPORATION

FILED Mar 27, 2009 Secretary of State

Elluty Nai	me: ELOA EN	IPLOYEE CORPORATION				
Current Principal Place of Business:				New Principal Place of Business:		
13555 N. STEMMONS FRWY DALLAS, TX 75234				13555 N. STEMMONS FRWY ATTN: LEGAL DEPT. DALLAS, TX 75234		
Current Mailing Address:				New Mailing Address:		
13555 N STEMMONS FRWY LEGAL DEPT. DALLAS, TX 75234				13555 N. STEMMONS FRWY ATTN: LEGAL DEPT. DALLAS, TX 75234		
FEI Number:	75-2910068	FEI Number Applied For ( )	FEI Nur	nber Not Appl	licable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Registered Agent:
1200 SOUTPLANTATI	PORATION SY TH PINE ISLA ON, FL 33324 named entity of Florida.	ND ROAD I US	urpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATUF						
		nic Signature of Registered Age	nt			Date
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	CARRIER, JOH	MONS FREEWAY		Title: Name: Address: City-St-Zip:	CARRIER, JOH	MMONS FREEWAY
Title: Name: Address: City-St-Zip:	RUPP, KEVIN	) Delete 1MONS FREEWAY 5234		Title: Name: Address: City-St-Zip:	RUPP, KEVIN	() Change ()Addition MMONS FREEWAY 75234
Title: Name: Address: City-St-Zip:	S ( MILAN, DAVID 13555 N. STEN DALLAS, TX 7			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T ( RISMILLER, K 13555 N. STEN DALLAS, TX 7	MMONS FRWY		Title: Name: Address: City-St-Zip:	SCHROEDER,	MMONS FRWY
Title: Name: Address: City-St-Zip:	CARRIER, JOH	MONS FREEWAY		Title: Name: Address: City-St-Zip:	HINTERGARD	MMONS FRWY
Title: Name: Address: City-St-Zip:	GOULET, REA	MMONS FREEWAY		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: DAVID MILAN S 03/27/2009