

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000068

1. Entity Name
NEALMIKELANCE CORPORATION



Principal Place of Business
4000 INTERNATIONAL PKWY, STE 3000
CARROLLTON, TX 75007

Mailing Address
4000 INTERNATIONAL PKWY, STE 3000
CARROLLTON, TX 75007



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2959936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCDT
MEISSNER, NEAL R
4000 INTERNATIONAL PKWY, STE 3000
CARROLLTON, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WEICH, LANCE P
4000 INTERNATIONAL PKWY, STE 3000
CARROLLTON, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BROWN, MICHAEL L
4000 INTERNATIONAL PKWY, STE 3000
CARROLLTON, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/11/05-80040-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all addresses, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2005 972-862-5000

Date

Daytime Phone #