_	ANNUAL	REPORT	· 1 4		austra 👫	<b>~</b>	
1. Entity Nam	MENT # F020000052 ONIC TRANSACTION CONSU		FILED  ON JUL 22 AHII: 58  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place 1200 EXECU RICHARDSON	TIVE DRIVE EAST, SUITE 100	Mailing Address 1200 EXECUTIVE DRIVE EAST RICHARDSON, TX 75081	200 EXECUTIVE DRIVE EAST, SUITE 100				
			\$.	07122004	No Chg-P	CR2E034 (10/	•••••••
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 75-280		\$8,75	Applied For Not Applicable Additional
<u> </u>	6. Name and Address of Current Re	nistered Agent	<u> </u>	5. Cerimicate	or Status Desired	Fee Rec	luired
1200 SOU PLANTATI	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324			IN T	NOT W	ACE	
	named entity submits this statement for th ions of registered agent.	e purpose of changing its registe	red office or register	ed agent, or bot	h, in the State of Flo	rida. I am familiar i	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	<del></del>	DATE	
				.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS				· 49	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS GALLAGHER, TIMOTHY 1200 EXECUTIVE DRIVE EAST, SI RICHARDSON, TX 75081						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5 07/3	<b>00039</b> 0/040104	73091!  006 **!	5 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			P	IN 7	THIS SF	PACE ,	
TITLE NAME STREET ADDRESS				9			
TITLE NAME STREET ADDRESS						*	•
indicated	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my sign ered to execute this report as requ		7, Florida Statute		e appears in Block	10 or Block 11 if

Selling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Z14 615 Z3Z3