

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001015

1. Entity Name
**SMITH SYSTEM DRIVER IMPROVEMENT INSTITUTE,
INC.**



Principal Place of Business
**2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
ARLINGTON, TX 76006**

Mailing Address
**2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
ARLINGTON, TX 76006**



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1303167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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 PDAT
NAME DOUGLAS, ANTHONY S
STREET ADDRESS 2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
CITY-ST-ZIP ARLINGTON, TX 76006

TITLE VTS
NAME BOUCHER, DAVID M
STREET ADDRESS 2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
CITY-ST-ZIP ARLINGTON, TX 76006

TITLE V
NAME CALDWELL, AL J
STREET ADDRESS 2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
CITY-ST-ZIP ARLINGTON, TX 76006

TITLE V
NAME MANSEN, LEESA A
STREET ADDRESS 2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
CITY-ST-ZIP ARLINGTON, TX 76006

TITLE V
NAME SMITH, JAMES A
STREET ADDRESS 2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
CITY-ST-ZIP ARLINGTON, TX 76006

TITLE V
NAME POWERS, FRANCIS R
STREET ADDRESS 2201 BROOKHOLLOW PLAZA DRIVE, SUITE 200
CITY-ST-ZIP ARLINGTON, TX 76006

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05/05/05-80133-007 150.00

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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)(i), 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

Date

Daytime Phone #