

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002114

FILED
Apr 22, 2010
Secretary of State

Entity Name: GOODMAN DISTRIBUTION, INC.

Current Principal Place of Business:

5151 SAN FELIPE
SUITE 500
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

5151 SAN FELIPE
SUITE 500
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 76-0309878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: SWIFT, DAVID L
Address: 5151 SAN FELIPE, SUITE 500
City-St-Zip: HOUSTON, TX 77056

Title: AS
Name: BRYANT, MIKE
Address: 5151 SAN FELIPE, SUITE 500
City-St-Zip: HOUSTON, TX 77056

Title: PRES
Name: MISHLER, JAMES L
Address: 5151 SAN FELIPE, SUITE 500
City-St-Zip: HOUSTON, TX 77056

Title: CFO
Name: BLACKBURN, LAWRENCE M
Address: 5151 SAN FELIPE, SUITE 500
City-St-Zip: HOUSTON, TX 77056

Title: SEC
Name: CAMPBELL, BEN D
Address: 5151 SAN FELIPE, SUITE 500
City-St-Zip: HOUSTON, TX 77056

Title: TREA
Name: DOLAN, MARK M
Address: 5151 SAN FELIPE, SUITE 500
City-St-Zip: HOUSTON, TX 77056

I hereby 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 all other like empowered.

SIGNATURE: MARK M DOLAN

TREA

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date