

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90062 038 \*\*\*150.00

**DOCUMENT # F04000002530**

1. Entity Name  
RAC RR, INC.



Principal Place of Business

5700 TENNYSON PARKWAY, THIRD FLOOR  
PLANO, TX 75024

Mailing Address

5700 TENNYSON PARKWAY, THIRD FLOOR  
PLANO, TX 75024

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
73-1702183

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SPEESE, MARK E  
STREET ADDRESS 5700 TENNYSON PARKWAY, THIRD FLOOR  
CITY-ST-ZIP PLANO, TX 75024

TITLE VPD  
NAME FADEL, MITCHELL E  
STREET ADDRESS 5700 TENNYSON PARKWAY, THIRD FLOOR  
CITY-ST-ZIP PLANO, TX 75024

TITLE S  
NAME KORST, CHRISTOPHER  
STREET ADDRESS 5700 TENNYSON PARKWAY, THIRD FLOOR  
CITY-ST-ZIP PLANO, TX 75024

TITLE T  
NAME DAVIS, ROBERT D  
STREET ADDRESS 5700 TENNYSON PARKWAY, THIRD FLOOR  
CITY-ST-ZIP PLANO, TX 75024

TITLE AS  
NAME WALVERTON, DAWN  
STREET ADDRESS 5700 TENNYSON PARKWAY, THIRD FLOOR  
CITY-ST-ZIP PLANO, TX 75024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Dawn Walverton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/07  
Date

(972) 501-1100  
Daytime Phone #