


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000002621</b> 1. Entity Name <b>THE BRAZOS HIGHER EDUCATION SERVICE CORPORATION, INC.</b>	
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Principal Place of Business <b>2600 WASHINGTON AVE WACO, TX 76710</b>	Mailing Address <b>2600 WASHINGTON AVE WACO, TX 76710</b>
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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>74-2129255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	C SMITH, DAVID F JR 4103 OLD MILL RD WACO, TX 76710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC MCNABB, HAROLD 2600 WASHINGTON AVE WACO, TX 76710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, LINDLEY F 2306 STARR WACO, TX 76710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARABLE, PAUL D JR 4101 LYLE WACO, TX 76710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WATSON, MURRAY JR 2600 WASHINGTON AVE WACO, TX 76710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBERTSON, TOM 2600 WASHINGTON AVE WACO, TX 76710

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**  **Tom Robertson** **1-17-05 (254) 753-0915 ext. 3201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #