2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F04000002621

Entity Name: THE BRAZOS HIGHER EDUCATION SERVICE CORPORATION, INC.

Current Principal Place of Business:

2600 WASHINGTON AVE
WACO, TX 76710

New Principal Place of Business:

Current Mailing Address:

2600 WASHINGTON AVE
WACO, TX 76710

New Mailing Address:

FEI Number: 74-2129255 **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

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	CHAMBERS, BOB	
Address:	2600 WASHINGTON AVE	
City-St-Zip:	WACO, TX 76710	
Title:	VC	( ) Delete
Name:	PACKARD, JOYCE	
Address:	2600 WASHINGTON AVE	
City-St-Zip:	WACO, TX 76710	
Title:	D	( ) Delete
Name:	ELLIOTT, LINDLEY F	
Address:	2306 STARR	
City-St-Zip:	WACO, TX 76710	
Title:	D	( ) Delete
Name:	MARABLE, PAUL D JR	
Address:	4101 LYLE	
City-St-Zip:	WACO, TX 76710	
Title:	P	( ) Delete
Name:	WATSON, MURRAY JR	
Address:	2600 WASHINGTON AVE	
City-St-Zip:	WACO, TX 76710	
Title:	CFO	( ) Delete
Name:	TURMAN, RICKY	
Address:	2600 WASHINGTON AVE	
City-St-Zip:	WACO, TX 76710	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL BROOKS MR 04/17/2009

Electronic Signature of Signing Officer or Director — Date