

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90060 046 \*\*\*550.00

**40110948**



<b>DOCUMENT # F04000004615</b> 1. Entity Name <b>VCOM FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA</b> <b>ATTN: CORP INC TAX DEPT</b> <b>DALLAS, TX 75201-2506</b>			Mailing Address <b>1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA</b> <b>ATTN: CORP INC TAX DEPT</b> <b>DALLAS, TX 75201-2506</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>72-1585112</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07092008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, KATHLEEN G <input checked="" type="checkbox"/> Delete 1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA DALLAS, TX 752012506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Radant, Robbie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1722 Routh Street, Suite 1000 Dallas, TX 75201-2506 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FENTON, DAVID T <input type="checkbox"/> Delete 1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA DALLAS, TX 752012506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS DAVIS, MICHAEL R <input checked="" type="checkbox"/> Delete 1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA DALLAS, TX 752012506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CUNNINGHAM, SANDRA <input type="checkbox"/> Delete 1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA DALLAS, TX 752012506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, SYLVESTER <input checked="" type="checkbox"/> Delete 1722 ROUTH ST. SUITE 1000 ONE ARTS PLAZA DALLAS, TX 752012506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sandra Cunningham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Sandra Cunningham, Vice President    7/09/08    972/828-7173 <small>Date      Daytime Phone</small>		