

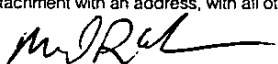


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90040 049 \*\*\*150.00

<b>DOCUMENT # F05000005620</b> 1. Entity Name <b>ZALE INDEMNITY COMPANY</b>					
Principal Place of Business <b>901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 75038-1003</b>			Mailing Address <b>P.O. BOX 152782, MS-5 A-9 IRVING, TX 75015-2762</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 152762</b> Suite, Apt. #, etc. <b>M.S. 5A-9</b>		<div style="font-size: 2em; margin-bottom: 10px;">60004777</div>  <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>01102006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div>	
City & State		City & State <b>Irving, TX</b>			
Zip <b>75038-1003</b>	Country	Zip <b>75015-2762</b>	Country <b>Dallas</b>		
4. FEI Number <b>75-1428560</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHEIF FINANCIAL OFFICER LARSON BLDG., 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CULBERTSON, WILLIAM L 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HERBST, GLENN G 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, KATHRYN F 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STERNBLITZ, DAVID H 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LUNZ, MARK R 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mark R. Lenz</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SABIN, MICHAEL R 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <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: 			1-13-06 972-580-5232		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		