


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90011 018 \*\*\*150.00

<b>DOCUMENT # F05000005620</b>	
1. Entity Name <b>ZALE INDEMNITY COMPANY</b>	

**40038883**



03092007 Chg-P CR2E034 (12/06)

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, 152762 M.S. 5A-9 IRVING, TX 75015-2762</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>75-1428560</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHEIF FINANCIAL OFFICER LARSON BLDG., 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 \_\_\_\_\_

**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		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hamilton, Michael A. 901 W. Walnut Hill Lane, MS5A-9 Irving, Texas 75038-1003
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 LENZ, MARK R 901 WEST WALNUT HILL LANE, MS-5 A-9 IRVING, TX 750381003 <input checked="" 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	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: Frank P. Machulis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-07  
Date

972-580-4289  
Daytime Phone #