

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005620

FILED
Jan 07, 2010
Secretary of State

Entity Name: ZALE INDEMNITY COMPANY

Current Principal Place of Business:

901 WEST WALNUT HILL LANE, MS-5 A-9
IRVING, TX 750381003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152782, 152762
M.S. 5A-9
IRVING, TX 750152762

New Mailing Address:

FEI Number: 75-1428560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEIF FINANCIAL OFFICER
LARSON BLDG., 200 EAST GAINES STREET
TALLAHASSEE, FL 323990301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: STERNBLITZ, DAVID H
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: DV
Name: SABIN, MICHAEL R
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: DS
Name: GARSEK, ZACHARY M
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: DT
Name: PIMSNER, RICHARD P
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

Title: V
Name: PIMSNER, RICHARD P
Address: 901 WEST WALNUT HILL LANE, MS-5 A-9
City-St-Zip: IRVING, TX 750381003

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK P. MACHULIS

AC

01/07/2010

Electronic Signature of Signing Officer or Director

Date