

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006436

FILED
Apr 07, 2010
Secretary of State

Entity Name: W2007 EQI ORLANDO CORPORATION

Current Principal Place of Business:

6011 CONNECTION DRIVE
IRVING, TX 75039 US

New Principal Place of Business:

Current Mailing Address:

6011 CONNECTION DRIVE
IRVING, TX 75039 US

New Mailing Address:

FEI Number: 20-3767962

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR
Name: GIANNOBLE, TODD P
Address: 6031 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039 US

Title: DIR
Name: ANDERTON, MARISSA
Address: 6031 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039 US

Title: DIR
Name: FAY, GREGORY M
Address: 6011 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039 US

Title: VPS
Name: BARGER, RON K
Address: 6011 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039

Title: VPT
Name: FRAPART, RICHARD R
Address: 6011 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039

Title: VP
Name: FAY, GREGORY M
Address: 6011 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039

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: RON K BARGER

SECY

04/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date