2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F06000005595

Entity Name: WAMCO 30 OF TEXAS, INC.

Current Principal Place of Business:

6400 IMPERIAL DRIVE
WACO, TX 76712

New Principal Place of Business:

Current Mailing Address:

PO BOX 8216
WACO, TX 767148216

New Mailing Address:

FEI Number: 74-2987549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUELLER, JOHN H
100 NORTH TAMPA ST STE 2120
TAMPA, FL 33602 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: DCP ( ) Delete
Name: SARTAIN, JAMES T
Address: 6400 IMPERIAL DRIVE
City-St-Zip: WACO, TX 76712

Title: SVPT ( ) Delete
Name: HOLMES, JAMES C
Address: 6400 IMPERIAL DRIVE
City-St-Zip: WACO, TX 76712

Title: DSVP ( ) Delete
Name: BAKER, J. BRYAN
Address: 6400 IMPERIAL DRIVE
City-St-Zip: WACO, TX 76712

Title: D ( ) Delete
Name: O'BRIEN, E. GERALD II
Address: 6400 IMPERIAL DRIVE
City-St-Zip: WACO, TX 76712

Title: S ( ) Delete
Name: BOSTICK, LOTTE D
Address: 6400 IMPERIAL DRIVE
City-St-Zip: WACO, TX 76712

Title: SVP ( ) Delete
Name: GREAK, JOE S
Address: 6400 IMPERIAL DRIVE
City-St-Zip: WACO, TX 76712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOE S GREAK SVP 02/23/2009

Electronic Signature of Signing Officer or Director Date