PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300000133

WRC HOLDINGS, INC.

CITY-ST-ZIP

Principal Place	e of Business	Mailing Address							
10000 NORTH CENTRAL EXPRESSWAY		10000 NORTH CENTRAL EXPRESSWAY							
SUITE 1150		SUITE 1150				DO NOT WINT	E IN THIS	CDACE	
DALLAS TX 75231		DALLAS TX 75231				DO NOT WRITE IN THIS SPACE			
Į US US						3. Date Incorporated or Qualifed			Į.
						01/11/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		 	oplied For
21		26				75-2454094			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	×		Additional
22		27							equired
City & State		City & State	City & State			6. Election Campaign Financing			May Be
23 28						Trust Fund Contribution		Added	to Fees
Zip				Country		8. This corporation owes the curre	nt year int		
24	25	29	30			Personal Property Tax.		Yes	ZKNo
	9. Name and Address of Currer	t Registered Agent		4_	T	10. Name and Address of New R	egistered	Agent	
				81	Name				
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)				1	
1200 SOUTH PINE ISLAND ROAD							, , , , , , , , , , , , , , , , , , ,		
PLANTATION FL 33324				83					
				<u></u>				de Zin	Code
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	above	e-named corp	poration submits this statement for the	ourpose of	changing its	registered
l office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	ed by	tne corporati	ion's board of directors. I hereby accep	t the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	onua sta	ıuı e s	•				1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if sonlicable (NO:	F: Renistere	nd Age	nt signature require	red when reinstating)	DATE		
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	DRS IN 12
TITLE	PC	DELETE		ITLE		<u> </u>		Change	☐ Addition
NAME	COOPER, WILLIAM R			NAME					}
	1 ·	ECCIMAV			T ADDRESS				ŀ
STREET ADDRESS	10000 NORTH CENTRAL EXPR	ESSITAT							}
CITY-ST-ZIP	DALLAS TX 75231	□ DELETE	2,1 T	OTY-S	1-21			Change	Addition
TITLE	VSTD								
NAME	BONNER, JERRY J	500 4444		NAME .					
STREET ADDRESS	10000 NORTH CENTRAL EXPR	ESSWAY	1		TADDRESS				
_CITY_ST-ZIP	DALLAS TX 75231				ST-ZIP	 		Change	. ☐ Addition
TITLE	V	☐ DELETE		TITLE				□ change	(Addition
NAME	COOPER, CRAIG A		3.2 1	NAME					
STREET ADDRESS 10000 NORTH CENTRAL EXPRESSWAY			3.3 5	3.3 STREET ADDRESS					
CITY-ST-ZIP	DALLAS TX 75231		3.4.	CITY-	ST-ZIP				
TITLE		☐ DELETE	4,11	ITLE				Change	☐ Addition
NAME			4, 2	NAME					
STREET ADDRESS			4.3 9	STREE	TADDRESS				
CITY-ST-ZIP			4.4 (4.4 CITY-ST-ZIP					
TITLE				TITLE				Change	☐ Addition
1		☐ DELÉTE			1				
NAME	1	☐ DELÉTE		NAME					
NAME STREET ADDRESS		☐ DELÉTE	5.21		T ADDRESS				
STREET ADDRESS		() DELÉTE	5.2 h 5.3 s	STREE	1				
STREET ADDRESS CITY-ST-ZIP			5.2 h 5.3 s 5.4 d		1			Change	☐ Addition
STREET ADDRESS		☐ DELETE	5.21 5.3 \$ 5.4 0 6.1 T	STREE	1			Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90022 050 ***158.75