**FILED** 

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 20, 2002 8:00 am Secretary of State DOCUMENT # F93000000133 1. Entity Name 03-20-2002 90056 027 \*\*\*158 75 WRC HOLDINGS, INC. Principal Place of Business Mailing Address 10000 NORTH CENTRAL EXPRESSWAY 10000 NORTH CENTRAL EXPRESSWAY **SUITE 1150 SUITE 1150** DALLAS TX 75231 **DALLAS TX 75231** Пŝ HS. HESTER DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2454094 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required and Address of Current Registered 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)TITLE ☐ Change Addition TITLE ☐ Delete PC COOPER, WILLIAM R NAME CR2E034 STREET ADDRESS STREET ADDRESS 10000 NORTH CENTRAL EXPRESSWAY CITY-ST-7/P CITY-ST-ZIP DALLAS TX 75231 Change Addition TITLE ☐ Delete TITLE VSTD NAME NAME BONNER, JERRY J STREET ADDRESS STREET ADDRESS 10000 NORTH CENTRAL EXPRESSWAY CITY-ST-ZIP CITY-ST-ZIP **DALLAS TX 75231** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME COOPER, CRAIG A STREET ADDRESS STREET ADDRESS 10000 NORTH CENTRAL EXPRESSWAY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75231 M Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment rith an address, with all other

Jerry J. Bonner

2/12/02