


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90009 030 ***550.00

DOCUMENT # F94000002537 1. Entity Name REMINGTON EMPLOYERS MANAGEMENT CORPORATION					
Principal Place of Business 14180 DALLAS PARKWAY, 9TH FLOOR DALLAS, TX 75240-4376			Mailing Address 14180 DALLAS PARKWAY, 9TH FLOOR DALLAS, TX 75240-4376		
2. Principal Place of Business 14185 Dallas Pkwy. Suite, Apt. #, etc. Suite 1150 City & State Dallas TX Zip 75254		3. Mailing Address 14185 Dallas Pkwy. Suite, Apt. #, etc. Suite 1150 City & State Dallas TX Zip 75254		06162005 Chg-P CR2E034 (10/03)	
4. FEI Number 75-2505077		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDTs BENNETT, ARCHIE JR. 14180 DALLAS PARKWAY, STE. 900 DALLAS, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14185 Dallas Pkwy., Ste. 1150 Dallas TX 75254	
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Monty Bennett** 8/1/05 912-718-9271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #