

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90092 010 ***550.00

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DOCUMENT # F95000003635

1. Entity Name
WATCHGUARD REGISTRATION SERVICES, INC.



Principal Place of Business

**250 E. CARPENTER FREEWAY
IRVING, TX 75062**

Mailing Address

**WANDA J. MURKERSON - CITIGROUP
290 E. CARPENTER FREEWAY HOT-20
IRVING, TX 75062**

54060291



06232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1056373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASH, STALEY
STREET ADDRESS 6400 LAS COLINAS BLVD.
CITY-ST-ZIP IRVING, TX 75038

TITLE C
NAME NICHOLS, RICHARD
STREET ADDRESS 541 SW MARTIN RD.
CITY-ST-ZIP GRAY, TN 37615

TITLE DS
NAME DALY, TIMOTHY
STREET ADDRESS 250 CARPENTER
CITY-ST-ZIP IRVING, TX 75062

TITLE AVPD
NAME NEWMAN, ALAH
STREET ADDRESS 1 COURT SQUARE
CITY-ST-ZIP LONG ISLAND, NY 11120

TITLE VPAS
NAME GREENE, PATRICK
STREET ADDRESS 250 CARPENTER
CITY-ST-ZIP IRVING, TX 75062

TITLE P
NAME HUNTER, JOHN F
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75062

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JASON MARCHESE / ASST TREAS

6/23/04