

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90093 009 ***150.00

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 H01-20
IRVING, TX 75062**

2. Principal Place of Business

3. Mailing Address

Paula Haga



Suite, Apt. #, etc.

Suite, Apt. #, etc.

3800 Citigroup Center Dr. Bld G2-10

03312005

Chg-P

CR2E034 (10/03)

City & State

City & State
Tampa, FL

4. FEI Number

06-1056373

Applied For

Not Applicable

Zip

Country

Zip

Country

33610

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASH, STALEY 6400 LAS COLINAS BLVD. IRVING, TX 75038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NICHOLS, RICHARD 541 SW MARTIN RD. GRAY, TN 37615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DALY, TIMOTHY 250 CARPENTER IRVING, TX 75062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD NEWMAN, ALAH 1 COURT SQUARE LONG ISLAND, NY 11120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GREENE, PATRICK 250 CARPENTER IRVING, TX 75062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, JOHN F 250 CARPENTER FREEWAY IRVING, TX 75062	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Paula A. Haga 3800 Citigroup Center Dr Bld. G2-10 Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Paula A. Haga *Paula A. Haga* 3/31/05 (813) 604-0394