

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90029 038 ***150.00

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02182004 Chg-P CR2E034 (10/03)

4. FEI Number **75-2548221** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	JORDAN, MICHAEL H	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DALEY, JAMES E	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HELLER, JEFFREY M	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO, TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIVINSKI, TINA M	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	SV	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, D. GILBERT	
STREET ADDRESS	5400 LEGACY DRIVE	
CITY-ST-ZIP	PLANO, TX	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BARTON, BARBARA	
STREET ADDRESS	5400 LEGACY DR	
CITY-ST-ZIP	PLANO, TX	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swan, Robert H.	
STREET ADDRESS	5400 Legacy Dr	
CITY-ST-ZIP	Plano, Tx 75024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #