PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000004174

WAMCO IX OF TEXAS, INC.

Principal Place of Business Mailing Address						T I MANICAN ITEM INTER BITEL AND IN ARTHUR AND IT	I MUST MOSTI MSMMT ITMST 15	
6400 IMPERIAL		6400 IMPERIAL DRIVE	•					
PO BOX 8216		PO BOX 8216						
WACO TX 76712-8216 WACO TX 76712-8216						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		J
_						08/15/1996	<del></del>	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For
21 26						74-2690681		Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
22 27			<u> </u>					
City & State	City & State	& State			6. Election Campaign Financing	<b>\$5.00</b> to Added to	, I	
23	Country	28 7in	Zip Country			Trust Fund Contribution		rees
Zip				ппу		8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	1 Bagistered Agent	30	<u>, —</u>		10. Name and Address of New Regist		
- 111	9. Name and Address of Curren	t Kegistered Agent		81	Name	10. Italio dila Addiedo di Itali Italia		
CT	CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				83			1-1	
104	TATION TE GOOZA			03				Ì
				84	City		85 Zip C	ode
				ļ			FL   03   2,5 0	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu of Florida, Such change was a	tes, the a	bove-n i by thi	iamed co e comora	rporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its i appointment as reg	registerea ( listered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Stati	utes.	o 00.po.c			
SIGNATURE								
	Signature, typed or printed name of registered agen			Agent si	gnature requ	3,	TE	70.41.40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PDC DELETE			rle.			☐ Orlange	
NAME	18 (4) (4) (4)		. 1.2 NA					ļ
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •		1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP				TY-ST-Z	îP			
TITLE	PDC DELETE 2.1 TI			TLE			☐ Change	☐ Addition
NAME	SARTAIN, JAMES T		ME					
STREET ADDRESS	6400 IMPERIAL DRIVE 238		REET AL	ODRESS				
CITY-ST-ZIP			ITY-ST-Z	ZIP ·	<u>.                                    </u>			
TITLE	VD □ DELETE 3.1 T		TLE	ĺ		☐ Change	☐ Addition	
NAME	HAGELSTEIN, RICK R		3.2 NAMI		-			}
STREET ADDRESS	6400 IMPERIAL DRIVE	00 IMPERIAL DRIVE 3.3 S		REET AC	DRESS			Ì
City-St-ZIP ,	WACO TX 76712-8216	****		ITY-ST-Z	ZIP	· · · · · · · · · · · · · · · · · · ·	·	
TITLE	S	☐ DELETE	4.1 TI	TLE			Change	Addition
NAME	RAY, MARGIE		4. 2 NAME					
STREET ADDRESS	6400 IMPERIAL DRIVE		4.3 STREET		ORESS			ļ
CITY-ST-ZIP	WACO TX 76712-8216	,		TY-ST-Z				
TITLE	SVT	DELETE	5.1 Tf		1	freasurer .	Change	Addition
NAME	MCNAIR, KATHY S		5.2 NAME		=	Tames C. Holmes		1
STREET ADDRESS	6400 IMPERIAL DRIVE			TREET AL		6400 Imperial Drive		{
CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·			TY-ST-Z		Naco, TX 76714		
TITLE	D	☐ DELETE 6.1					☐ Change	Addition
	PARKER, JEFFREY		6.2 N/	ME				

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 600 CLEARWATER DRIVE

**MINNETONKA MN 55343** 

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90150 017 \*\*\*150.00