2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

PO BOX 8216

3. Mailing Address

City & State

Suite, Apt. #, etc.

6400 IMPERIAL DRIVE

WACO TX 76712-8216

F96000004174 DOCUMENT

1. Entity Name

Principal Place of Business 6400 IMPERIAL DRIVE

2. Principal Place of Business

PO BOX 8216

WACO TX 76712-8216

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

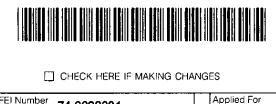
WAMCO IX OF TEXAS, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90117 040 ***150.00

22002011



DATE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent	
Name	
•	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

74-2690681

5. Certificate of Status Desired

4. FEI Number

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. 1 am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Not Applicable

\$8.75 Additional

Fee Required

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F ☐ Delete Change Addition HAWKINS, JAMES R NAME NAME 6400 IMPERIAL DRIVE STREET ADDRESS STREET ADDRESS WACO TX 76714-8216 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SARTAIN, JAMES T NAME NAME 6400 IMPERIAL DRIVE STREET ADDRESS STREET ADDRESS WACO TX 76714-8216 CITY-ST-ZIP CITY-ST-ZIP TITLE **EVP** Delete TITLE ☐ Change ☐ Addition DEWITT, TERRY R NAME 6400 IMPERIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WACO TX 76714-8216 CITY-ST-ZIP ☐ Delete Change ☐ Addition RAY, MARGIE NAME 6400 IMPERIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WACO TX 76712-8216 CITY-ST-ZIP **TSVP** TITLE ☐ Delete Change Change ☐ Addition reak, Joe S GREAK, JOES NAME NAME STREET ADDRESS 6400 IMPERIAL DRIVE STREET ADDRESS 199 rviz 00 CITY-ST-ZIP WACO TX 76714-8216 CITY-ST-7iP Delete TITLE PARKER, JEFFREY NAME NAME **600 CLEARWATER DRIVE** STREET ADDRESS STREET ADDRESS MINNETONKA MN 55343 CITY-ST-ZIP 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:

(254)751-1750