2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006038

Entity Name: DM WEEKLEY, INC.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1111 NORTH POST OAK ROAD HOUSTON, TX 77055 **Current Mailing Address: New Mailing Address:** 1111 NORTH POST OAK ROAD HOUSTON, TX 77055 FEI Number: 76-0519103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WEEKLEY, DAVID M WEEKLEY, DAVID M Name: Name: 1111 NORTH POST OAK ROAD 1111 NORTH POST OAK ROAD Address: Address: City-St-Zip: HOUSTON, TX 77055 City-St-Zip: HOUSTON, TX 77055 Title: Title: () Delete (X) Change () Addition WEEKLEY, RICHARD W Name: WEEKLEY, RICHARD W Name: 1111 NORTH POST OAK ROAD 1111 NORTH POST OAK ROAD Address: Address: HOUSTON, TX 77055 HOUSTON, TX 77055 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete JOHNSON, JOHN A Name: Name: 1111 NORTH POST OAK ROAD Address Address: City-St-Zip: City-St-Zip: HOUSTON, TX 77055 Title: () Delete Title: () Change (X) Addition BURCHFIELD, JOHN Name: Name: Address: Address: 1111 NORTH POST OAK ROAD City-St-Zip: City-St-Zip: HOUSTON, TX 77055 Title: Title: () Change (X) Addition () Delete HUMPHREY, HEATHER Name: Name: Address: Address: 1111 NORTH POST OAK ROAD City-St-Zip: City-St-Zip: HOUSTON, TX 77055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BURCHFIELD S 01/03/2008