

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000250

Entity Name: MOUNTAIN VIEW NATIONAL, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

423 WEST 55TH STREET
12TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

ATTN: KATHRYN MANSFIELD
3100 MONTICELLO AVE., SUITE 200
DALLAS, TX 75205

New Mailing Address:

FEI Number: 13-3908613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D,P () Delete
Name: FRIEDMAN, WILLIAM S
Address: 423 WEST 55TH STREET, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: EVPT (X) Delete
Name: MINOR, TODD C
Address: 3100 MONTICELLO AVE., STE. 200
City-St-Zip: DALLAS, TX 75205

Title: EVP () Delete
Name: PICKENS, ERIN D
Address: 3100 MONTICELLO AVE, SUITE 200
City-St-Zip: DALLAS, TX 75205

Title: EVPS () Delete
Name: MANSFIELD, KATHRYN
Address: 3100 MONTICELLO AVE., STE. 200
City-St-Zip: DALLAS, TX 75205

Title: EVP () Delete
Name: RUBENSTEIN, CHARLES D
Address: 423 WEST 55TH STREET, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHRYN MANSFIELD

EVPS

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date