

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000001037

1. Entity Name
LSOF GENPAR, INC.



Principal Place of Business
717 N HARWOOD STREET
STE 2200
DALLAS, TX 75201

Mailing Address
717 N HARWOOD STREET
STE 2200
DALLAS, TX 75201



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2679796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VELVIN, BENJAMIN D III
STREET ADDRESS	717 N. HARWOOD STREET, STE. 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	S
NAME	LEBARON, LAYNE B
STREET ADDRESS	717 N. HARWOOD STREET, STE. 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	V
NAME	PALETTA, LOUIS
STREET ADDRESS	717 N HARWOOD STREET, STE. 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	V
NAME	SHEARER, STEVEN R
STREET ADDRESS	717 N HARWOOD STREET STE 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	V
NAME	LIPSHY, MARC L
STREET ADDRESS	717 N. HARWOOD ST., STE. 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	VP
NAME	Cindy Kuhlman
STREET ADDRESS	717 N. Harwood Street, #2200
CITY-ST-ZIP	Dallas, TX 75201

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Layne B. LeBaron, Secretary

Date

Daytime Phone #

1-22-07

214 754-8451