2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000003876

1. Entity Name
SVD REALTY ASSET CORP.

Principal Place of Business	Mailing Address
6400 IMPERIAL DR P O BOX 8216 WACO, TX 76714 US	6400 IMPERIAL DRIVE P O BOX 8216 WACO, TX 76714 US

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2836873
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	SARTAIN, JAMES T
STREET ADDRESS	6400 IMPERIAL DR
CITY-ST-ZIP	WACO, TX 767148214
TITLE	SVP
NAME	MCNAIR, KATHY
STREET ADDRESS	6400 IMPERIAL DR
CITY-ST-ZIP	WACO, TX 76714
TITLE	S
NAME	RAY, MARGIE
STREET ADDRESS	6400 IMPERIAL DRIVE
CITY-ST-ZIP	WACO, TX 76714
TITLE	VP
NAME	BOSTICK, LOTTE
STREET ADDRESS	6400 IMPERIAL DR
CITY-ST-ZIP	WACO, TX 76714
TITLE	DC
NAME	HAWKINS, JAMES R
STREET ADDRESS	6400 IMPERIAL DR
CITY-ST-ZIP	WACO, TX 767148216
TITLE	EVP
NAME	FILLIP, G. STEPHEN
STREET ADDRESS	6400 IMPERIAL DR.
CITY-ST-ZIP	WACO, TX 767148216

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02/16/04-80040-015 150.00

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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: _____ 1/28/04 (254)751-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #