

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 6400 IMPERIAL DR P O BOX 8216 WACO, TX 76714 US	Mailing Address 6400 IMPERIAL DRIVE P O BOX 8216 WACO, TX 76714 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

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	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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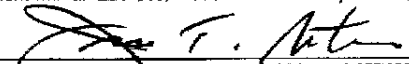
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARTAIN, JAMES T 6400 IMPERIAL DR WACO, TX 767148214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCNAIR, KATHY 6400 IMPERIAL DR WACO, TX 76714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, MARGIE 6400 IMPERIAL DRIVE WACO, TX 76714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOSTICK, LOTTE 6400 IMPERIAL DR WACO, TX 76714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HAWKINS, JAMES R 6400 IMPERIAL DR WACO, TX 767148216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FILLIP, G. STEPHEN 6400 IMPERIAL DR WACO, TX 767148216

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02/16/04-80040-015 150.00

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