2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F97000004688 01-30-2006 90058 002 ***150.00 WENDOVER FINANCIAL SERVICES CORPORATION Principal Place of Business Mailing Address 60008949 5400 LEGACY DRIVE 5400 LEGACY DRIVE PLANO, TX 75024 PLANO, TX 75024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 56-1505554 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT, COO SUSAN O' DOHERTY POCO Delete TITLE ☐ Change ✓ Addition BENEDICTUS, MARK J NAME NAME 5400 LEGACY DRIVE STREET ADDRESS 5400 LEGACY DRIVE STREET ADDRESS PLANO, TX 75024 CITY-ST-ZIP CITY-ST-ZIP PLAND TX 15014 VS ☐ Delete THE ☐ Change ☐ Addition PLASKET, JOHN O NAME NAME STREET ADDRESS 5400 LEGACY DRIVE STREET ADDRESS CITY-ST-ZIP PLANO, TX 75024 CITY-ST-ZIP SENIOR VDCO Delete TITLE TITLE ■ Addition WILKINSON, JOHN S NAME James C. Daufeldt 5400 LEGACY 5400 LEGACY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANO, TX 75024 CITY-ST-ZIP PLANO TITLE ☐ Detete TITLE ☐ Channe ■ Addition BARTON WEISZHAAR, BARBARA NAME 5400 LEGACY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANO, TX 75024 CHTY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ASST TREASURER

SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

FILED Jan 30, 2006 8:00 am