

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90026 018 ***150.00

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03182008 Chg-P CR2E034 (12/06)

4. FEI Number
75-2766555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME RUNCO, VINCENT T
STREET ADDRESS 6500 INTERNATIONAL PKWY SUITE 1000
CITY-ST-ZIP PLANO, TX 75093

TITLE SVTD ☒ Delete
NAME WILSON, JEFFREY
STREET ADDRESS 6500 INTERNATIONAL PKWY SUITE 1000
CITY-ST-ZIP PLANO, TX 75093

TITLE V2 ☒ Delete
NAME DILLARD, LISA
STREET ADDRESS 6500 INTERNATIONAL PKWY, SUITE 1000
CITY-ST-ZIP PLANO, TX 75093

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition
NAME CLAYTON M. DOVER
STREET ADDRESS 6500 INTERNATIONAL PKWY
CITY-ST-ZIP PLANO, TX 75093

TITLE SVP, S.T. ☐ Change ☒ Addition
NAME TAMARA S. JONES
STREET ADDRESS 6500 INTERNATIONAL PKWY
CITY-ST-ZIP PLANO, TX 75093

TITLE VP, CONTROLLER ☐ Change ☒ Addition
NAME TODD C. BROCK
STREET ADDRESS 6500 INTERNATIONAL PKWY
CITY-ST-ZIP PLANO, TX 75093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAYTON M. DOVER, PRESIDENT 4/1/08

Date

972-588-5000

Daytime Phone #