

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000003874	
1. Entity Name AUSTIN EISENHauer, INC.	

Principal Place of Business 3300 LINCOLN PLAZA 500 N. AKARD ST. DALLAS TX 75201	Mailing Address PO BOX 1920 DALLAS TX 75221
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
1st MOORE	CR2E034 (10/07)
4. FEI Number 75-2543415	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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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.

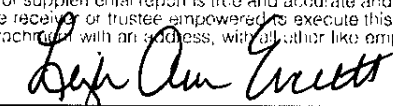
SIGNATURE _____ (NOTE: Registered Agent signature required when changing office)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	CD POGUE, MACK 50 N AKARD ST DALLAS TX ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUVALL, WILLIAM C 50 N AKARD ST DALLAS TX ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAVIS, NANCY A 50 N AKARD ST DALLAS TX ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EVERETT, LEIGH ANN 1505 FEDERAL ST DALLAS TX 75201 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOZIER, ROBERT 50 N AKARD ST DALLAS TX ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUHLMANN, TOM 50 N AKARD ST DALLAS TX ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Leigh Ann Everett**
Assistant Secretary **4-21-08 214-740-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR