

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90038 013 \*\*\*150.00

**DOCUMENT # F98000004105**

1. Entity Name  
**ELECTRONIC CLOSING SERVICES, INC.**



Principal Place of Business

1980 POST OAK BLVD  
SUITE 300  
HOUSTON, TX 77056

Mailing Address

1980 POST OAK BLVD  
SUITE 900  
HOUSTON, TX 77056 US

**50056089**



2. Principal Place of Business

1980 Post Oak Blvd  
Suite/Apt. #, etc. 300

3. Mailing Address

1980 Post Oak Blvd  
Suite/Apt. #, etc. 300

07112005 Chg-P CR2E034 (10/03)

City & State

Houston TX  
Zip 77056 Country USA

City & State

Houston TX  
Zip 77056 Country USA

4. FEI Number  
76-0570062

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

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASZA, BARBARA 1980 POST OAK #300 HOUSTON, TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'NEILL, DONALD 1980 POST OAK BLVD. #300 HOUSTON, TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINSTEL, LORETTA 388 FINGAL ST PITTSBURGH, PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLISOWSKI, CYNTHIA 1980 POST OAK BLVD #300 HOUSTON, TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUGAR, KAREN 1980 POST OAK BLVD #300 HOUSTON, TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BREWER, BRIAN 1980 POST OAK BLVD #300 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY KILBOY 1980 Post Oak Blvd #300 Houston TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Cynthia L Plisowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05  
Date

713-625-8402  
Daytime Phone #