

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005979

FILED
Jan 06, 2010
Secretary of State

Entity Name: SOUTH TOLER, INC.

Current Principal Place of Business:

1800 VALLEY VIEW LANE
STE 300
DALLAS, TX 75234

New Principal Place of Business:

Current Mailing Address:

1800 VALLEY VIEW LANE
STE 300
DALLAS, TX 75234

New Mailing Address:

FEI Number: 75-2413299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT
Name: BERTCHER, GENE S
Address: 1800 VALLEY VIEW
City-St-Zip: DALLAS, TX 75234

Title: S
Name: CORNA, LOUIS J
Address: 1800 VALLEY VIEW
City-St-Zip: DALLAS, TX 75234

Title: AS
Name: GILMORE, PATRICIA A
Address: 1800 VALLEY VIEW
City-St-Zip: DALLAS, TX 75234

Title: VP
Name: BUTLER, HENRY
Address: 1800 VALLEY VIEW LANE
City-St-Zip: DALLAS, TX 75234

Title: VP
Name: SHELLEY, STEVEN A
Address: 1800 VALLEY VIEW LANE
City-St-Zip: DALLAS, TX 75234

Title: DP
Name: MOOS, DANIEL J
Address: 1800 VALLEY VIEW LANE
City-St-Zip: DALLAS, TX 75234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA GILMORE

AS

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date