

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000000669

1. Entity Name
LEXICON, INC.



Principal Place of Business
8900 FOURCHE DAM PIKE
LITTLE ROCK, AR 72206

Mailing Address
P.O. BOX 16390
LITTLE ROCK, AR 72231



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0569150

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$250.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000203375

01/29/05 00027 024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHUECK, THOMAS B
8900 FOURCHE DAM PIKE RD
LITTLE ROCK, AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RILEY, GENE
8900 FOURCHE DAM PIKE RD
LITTLE ROCK, AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
WEATHERLY, JEFF
8900 FOURCHE DAM PIKE RD
LITTLE ROCK, AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WEST, MARK
8900 FOURCHE DAM PIKE RD
LITTLE ROCK, AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/24/05

Date

501-490-4200

Daytime Phone #