

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000669

Entity Name: LEXICON, INC.

FILED
May 20, 2009
Secretary of State

Current Principal Place of Business:

8900 FOURCHE DAM PIKE
LITTLE ROCK, AR 72206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16390
LITTLE ROCK, AR 72231

New Mailing Address:

FEI Number: 71-0569150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: SCHUECK, THOMAS B
Address: 8900 FOURCHE DAM PIKE RD
City-St-Zip: LITTLE ROCK, AR

Title: V () Delete
Name: RILEY, GENE
Address: 8900 FOURCHE DAM PIKE RD
City-St-Zip: LITTLE ROCK, AR

Title: VST () Delete
Name: WEATHERLY, JEFF
Address: 8900 FOURCHE DAM PIKE RD
City-St-Zip: LITTLE ROCK, AR

Title: V () Delete
Name: WEST, MARK
Address: 8900 FOURCHE DAM PIKE RD
City-St-Zip: LITTLE ROCK, AR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK WEST

VP

05/20/2009

Electronic Signature of Signing Officer or Director

Date