

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000001046

1. Entity Name
OWC ACQUISITION CORPORATION



Principal Place of Business

**3801 PARKWOOD BLVD
STE 100
FRISCO, TX 75034**

Mailing Address

**P.O. BOX 2529
FRISCO, TX 75034**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2799040

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAW, WILLIAM J
STREET ADDRESS	4623 PINEVALLEY DR.
CITY-STATE-ZIP	FRISCO, TX 75034
TITLE	VSD
NAME	JACCARD, WALTER B
STREET ADDRESS	106 TENTH STREET SOUTH
CITY-STATE-ZIP	KIRKLAND, WA 98033
TITLE	VASD
NAME	HENDRYCY, KENNETH E
STREET ADDRESS	3400 WELBORN STREET, #424
CITY-STATE-ZIP	DALLAS, TX 75219
TITLE	VT
NAME	MCCRUM, DAVID A
STREET ADDRESS	4565 VISTA KNOLL DRIVE
CITY-STATE-ZIP	PLANO, TX 75093
TITLE	V
NAME	REED, BRYAN
STREET ADDRESS	2558 APRIL SOUND LANE
CITY-STATE-ZIP	FRISCO, TX 75034
TITLE	V
NAME	GELINAS, R G
STREET ADDRESS	4907 CAPE CORAL DR.
CITY-STATE-ZIP	DALLAS, TX 75287

1100000005932
01/16/04-80013-001 158.75

**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)(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: Kenneth E. Hendrycy, V.P. 1-7-04 618-7217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #