

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 001 ***150.00

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1. Entity Name
DFS-GP, INC.



Principal Place of Business

ONE DELL WAY
PL-35B
ROUND ROCK, TX 78682 US

Mailing Address

P.O. BOX 81009
AUSTIN, TX 78708-1009 US

40046300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03142007 Chg-P CR2E034 (12/06)

4. FEI Number
74-2896365

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME LAW, MADELYN C
STREET ADDRESS ONE DELL WAY, PL-35
CITY-ST-ZIP ROUND ROCK, TX 78682

TITLE T ☐ Delete
NAME NICHOLSON, GRANT
STREET ADDRESS ONE DELL WAY, PL-35
CITY-ST-ZIP ROUND ROCK, TX 78682

TITLE CEO ☐ Delete
NAME ZAVANYA, JOHN
STREET ADDRESS ONE DELL WAY PL 358
CITY-ST-ZIP ROUND ROCK, TX 78682

TITLE CFO ☒ Delete
NAME SLETTEN, MIKE
STREET ADDRESS ONE DELL WAY PL 35B
CITY-ST-ZIP ROUND ROCK, TX 78682

TITLE CFO ☐ Delete
NAME Goss, GAVAN
STREET ADDRESS ONE DELL WAY PL 35B
CITY-ST-ZIP Round Rock, TX 78682

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #