## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000003799

Entity Name: M+W ZANDER U.S. OPERATIONS, INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1001 KLEIN SUITE 400 PLANO, TX					
Current Mailing Address:			New Mailing Address:		
1001 KLEIN SUITE 400 PLANO, TX					
FEI Number:	74-2792092	FEI Number Applied For ( ) FEI Num	nber Not Applic	cable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and	Address of No	ew Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
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:					
	Electroni	c Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCS () BOVE, MICHAEL 49 STEVENSON SAN FRANCISC	, SUITE 700	Title: Name: Address: City-St-Zip:	( )	Change ()Addition
Title: Name: Address: City-St-Zip:	COOT () WHITNEY, RICH 1001 KLEIN ROA PLANO, TX 750	AD, SUITE 400	Title: Name: Address: City-St-Zip:	( )	Change ()Addition
Title: Name: Address: City-St-Zip:	V () GRABER, RALF 4710 E. ELWOO PHOENIX, AZ 8		Title: Name: Address: City-St-Zip:	EVP (X) GRABER, RALF 1001 KLEIN ROA PLANO, TX 750	
Title: Name: Address: City-St-Zip:	V () RIVAS, JOSE 1001 KLEIN ROA PLANO, TX 750		Title: Name: Address: City-St-Zip:	VP (X) RIVAS, JOSE 1001 KLEIN ROA PLANO, TX 750	
Title: Name: Address: City-St-Zip:	BARNES, ROBE	PH, 1ST FLOOR	Title: Name: Address: City-St-Zip:	VP (X) ASADOORIAN, A 1001 KLEIN ROA PLANO, TX 750	AD SUITE 400
Title: Name: Address: City-St-Zip:	WALKINGTON, I	LPH, 1ST FLOOR	Title: Name: Address: City-St-Zip:	( )	Change ()Addition

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: MICHAEL D. BOVE

SEC 04/18/2008