

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K38970**

1. Entity Name  
**PMC FUNDING CORP.**



Principal Place of Business

**17950 PRESTON RD.  
SUITE 600  
DALLAS, TX 75252 US**

Mailing Address

**17950 PRESTON RD.  
SUITE 600  
DALLAS, TX 75252 US**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0078637**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000538191  
01/24/07-80066-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MUNN, IRV
STREET ADDRESS	17950 PRESTON RD # 600
CITY-ST-ZIP	DALLAS, TX 75252
TITLE	DV
NAME	SILVER, ICA
STREET ADDRESS	17950 PRESTON RD # 600
CITY-ST-ZIP	DALLAS, TX 75252
TITLE	DS
NAME	ROSEMORE, ANDREW S.
STREET ADDRESS	17950 PRSTON RD., STE. 600
CITY-ST-ZIP	DALLAS, TX 75252
TITLE	D
NAME	COHEN, NAT
STREET ADDRESS	17950 PRSTON RD., STE. 600
CITY-ST-ZIP	DALLAS, TX 75252
TITLE	D
NAME	GREENBERG, ROY
STREET ADDRESS	17950 PRESTON ROAD, SUITE 600
CITY-ST-ZIP	DALLAS, TX 75252
TITLE	D
NAME	IMBER, BARRY
STREET ADDRESS	17950 PRESTON ROAD, SUITE 600
CITY-ST-ZIP	DALLAS, TX 75252

**DO NOT WRITE  
IN THIS SPACE**

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

1/10/07  
Date

Daytime Phone #