


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P09430 1. Entity Name: PARKWAY CENTER DEVELOPMENT, INC.	
---	---

Principal Place of Business 6600 LBJ FWY 195 DALLAS, TX 75240 US	Mailing Address 6600 LBJ FWY 195 DALLAS, TX 75240 US
---	---

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-1995539	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent GRASSER, PAUL R 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000922457 05/15/08-80048-007 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLLEY, ROBERT E. 6600 LBJ FWY SUITE 195 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIEKENBROCK, CHRISTINE M 6600 LBJ FWY SUITE 195 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENWALD, MICHAEL R 6600 LBJ FWY SUITE 195 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4/18/08** **972-788-2119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHRISTINE M. PIEKENBROCK