

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90120 047 ***150.00

60012628



01292007 Chg-P CR2E034 (12/06)

4. FEI Number
57-0338686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) 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	D	<input type="checkbox"/> Delete
NAME	ASHLEY, WILLIAM A	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 900 E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SCHLAEGEL, WOLDEMAR W	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 900 E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HEATHERLY, DAVID A	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 900 E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUMMIS, JOHN M	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 900 E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUENKE, MICHAEL S	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 900 E	
CITY-ST-ZIP	ADDISON, TX 75001	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	PRIMERANO, RICHARD B	
STREET ADDRESS	5080 SPECTRUM DRIVE, SUITE 900 E	
CITY-ST-ZIP	ADDISON, TX 75001	

11. ADDITIONAL SIGNIFICANT OFFICERS AND DIRECTORS (If any)

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil A. Corrie	
STREET ADDRESS	5080 Spectrum Drive, Suite 900 E	
CITY-ST-ZIP	Addison TX 75001	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Travis L. Lewis	
STREET ADDRESS	5080 Spectrum Drive, Suite 900 E	
CITY-ST-ZIP	Addison, TX 75001	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy H. Bowdon	
STREET ADDRESS	5080 Spectrum Drive, Suite 900 E	
CITY-ST-ZIP	Addison TX 75001	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy K. Self	
STREET ADDRESS	5080 Spectrum Drive, Suite 900 E	
CITY-ST-ZIP	Addison TX 75001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy Self
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 972/664-7010
Date Daytime Phone #