


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90028 042 ***150.00

DOCUMENT # P22394			
1. Entity Name CUNNINGHAM LINDSEY U.S. INC.			
Principal Place of Business 495 HWY 121 BYPASS STE 200 BLDG A LEWISVILLE TX 75067 US		Mailing Address ATTN:BARBARA COCERELL P.O. BOX 703689 DALLAS TX 75370-3689 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 74-0539650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	SVP/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, CHRISTOPHER S		NAME	KAREN Austin	
STREET ADDRESS	405 HWY 121 BYPASS STE 200 BLDG A		STREET ADDRESS	405 St Hwy 121 Bypass, Bldg. A, Su. 200	
CITY-ST-ZIP	LEWISVILLE TX 75067		CITY-ST-ZIP	Lewisville, TX 75067	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, KAREN E		NAME	David J. Repinski	
STREET ADDRESS	405 HWY 121 BYPASS STE 200 BLDG A		STREET ADDRESS	405 St Hwy 121 Bypass, Bldg. A, Suite 200	
CITY-ST-ZIP	LEWISVILLE TX 75067		CITY-ST-ZIP	Lewisville, TX 75067	
TITLE	TREA	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGILLE, DAVID C		NAME	HARI Subramaniam	
STREET ADDRESS	405 HWY 121 BYPASS STE 200 BLDG A		STREET ADDRESS	405 St Hwy 121 Bypass, Bldg. A, Suite 200	
CITY-ST-ZIP	LEWISVILLE TX 75067		CITY-ST-ZIP	Lewisville, TX 75067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 names empowered.

SIGNATURE: Karen S. Austin / KAREN S. Austin 2/7/05 (214) 488-5139

DATE: _____ DAYTIME PHONE # _____