

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P23115

1. Entity Name
HOUSTON MCLANE COMPANY, INC.



Principal Place of Business
501 CRAWFORD
HOUSTON, TX 77002

Mailing Address
P.O. BOX 288
HOUSTON, TX 77001

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-2051157

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 SOUTH PINE ISLAND ROAD
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCLANE, DRAYTON JR.
STREET ADDRESS 501 CRAWFORD
CITY-ST-ZIP HOUSTON, TX 77002

TITLE VPT
NAME GARDNER, PAMELA J
STREET ADDRESS 501 CRAWFORD
CITY-ST-ZIP HOUSTON, TX 77002

TITLE VPT
NAME STICKNEY, WEBSTER F JR.
STREET ADDRESS 501 CRAWFORD
CITY-ST-ZIP HOUSTON, TX 77002

TITLE VPT
NAME MOORE, BRETT
STREET ADDRESS 501 CRAWFORD
CITY-ST-ZIP HOUSTON, TX 77002

TITLE S
NAME TRAYWICK, JACQUELINE S
STREET ADDRESS 501 CRAWFORD
CITY-ST-ZIP HOUSTON, TX 77002

TITLE T
NAME STICKNEY, WEBSTER F SR.
STREET ADDRESS 501 CRAWFORD
CITY-ST-ZIP HOUSTON, TX 77002

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02/21/08-80001-001 150.00

**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

2/1/08

713-259-8804