


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # P31219</b> 1. Entity Name DISTRIBUTOR OPERATIONS, INC.	
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Principal Place of Business 12770 MERIT DR., #400 DALLAS, TX 75251	Mailing Address 12770 MERIT DR., #400 DALLAS, TX 75251
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-1864347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when revalidating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, WALTER C III 12770 MERIT DR #400 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEPULVEDA, CARLOS M JR. 12770 MERIT DR #400 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTSBERRY, LISA 12770 MERIT DRIVE # 400 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUIS, ALEX 12770 MERIT DR SUITE 400 DALLAS, TX 75251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000320661  
 05/14/08-80052-024 150.00

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:  Lisa Huntsberry 4/18/08 972-991-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #