

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P31872

1. Entity Name
MERIT DISTRIBUTION SERVICES, INC.



Principal Place of Business
4747 MCLANE PKWY
TEMPLE, TX 76504 US

Mailing Address
PO BOX 6115
TEMPLE, TX 76503-6115



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2349308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSIER, WILLIAM G
STREET ADDRESS	4747 MCLANE PARKWAY
CITY-ST-ZIP	TEMPLE, TX
TITLE	T
NAME	KOCH, KEVIN J
STREET ADDRESS	4747 MCLANE PARKWAY
CITY-ST-ZIP	TEMPLE, TX
TITLE	S
NAME	MEWHINNEY, LEN
STREET ADDRESS	4747 MCLANE PARKWAY
CITY-ST-ZIP	TEMPLE, TX
TITLE	AT
NAME	MANN, CAROLINE R
STREET ADDRESS	4747 MCLANE PARKWAY
CITY-ST-ZIP	TEMPLE, TX 76504
TITLE	AS
NAME	GRAVES, DONALD R
STREET ADDRESS	4747 MCLANE PARKWAY
CITY-ST-ZIP	TEMPLE, TX 76504
TITLE	D
NAME	MCELROY, TERRY
STREET ADDRESS	4747 MCLANE PKWY
CITY-ST-ZIP	TEMPLE, TX 76504

000000193412
01/25/05-80059-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Koch

1/12/05

Date

254/771-7500

Daytime Phone #