2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 21, 2007 8:00 am Secretary of State 02-21-2007 90023 006 ***150.00 DOCUMENT # P95000021825 HAILE PLANTATION MANAGEMENT CORP. Principal Place of Business Mailing Address 60017371 3030 LBJ FREEWAY 3030 LBJ FREEWAY DALLAS, TX 75234 C/O TAX DEPT DALLAS, TX 75234 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-2587862 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ANGELA STEPHENS POWER, KEVIN NAME NAME STREET ADDRESS 3030 LBJ FREEWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DALLAS, TX 75234** TITLE DΡ Delete TITLE Change ☐ Addition HOWE, DOUGLAS NAME NAME STREET ADDRESS 3030 LBJ FREEWAY, SUITE 350 STREET ADDRESS 5 RAND NUGUELLY Change CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP ☐ Delete ☐ Addition HENSLEE, THOMAS NAME NAME STREET ADDRESS 3030 LBJ FREEWAY, SUITE 500 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED