2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P95000060625 1. Entity Name ORNDA FMC, INC. 2008 FEB 27 PM 12: 19 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 13737 NOEL ROAD 13737 NOEL ROAD **STE 100** STE 100 DALLAS, TX 75240 DALLAS, TX 75240 No Chg-P CR2E034 (11/05) 01112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0638327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE ALEMAN, RALPH NAME STREET ADDRESS 500 W. CYPRESS CREEK RD. #700 CITY-ST-ZIP FT LAUDERDALE, FL 33309 800119548748 TITLE LARSEN, CAITLIN M NAME STREET ADDRESS 13737 NOEL ROAD, SUITE 100 CITY - ST - ZIP DALLAS, TX 75240 TITLE MACK, KRISTIN A STREET ADDRESS 13737 NOEL ROAD, SUITE 100 DO NOT WRITE CITY - ST - ZiP DALLAS, TX 75240 TITLE IN THIS SPACE NAME SHERMAN, JEFFREY S STREET ADDRESS 13737 NOEL ROAD, SUITE 100 CITY-ST-ZIP DALLAS, TX 75240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

Violation A. Moole A grictory 1/1/4/08

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristina A. Mack, Assistant Secretary, 1/14/08

Phone 469-893-2701