## FILED Feb 10, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION

ANNUAL REPORT

O2-10-2005 90049 011 \*\*\*15

ANNUAL REPORT							02-10-2005 90049 011 ***150.00				
DOCU  1. Entity Nar  EXCELIS		3455					40046	0.40			
Principal Place of Business Mailing Address							40018	34U			
8435 STEM	MONS FREEWAY 75247-3907 US	1 FIRST AMERICAN WAY SANTA ANA, CA 92707									
						1 (330)100 //10 11	<b>30 684 68</b> 10 <b>33</b> 10 <b>68</b> 1	DEND HEAR HA		II FAR II IARI	
	Place of Business	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.				01262005	Chg-P	CR2E03	4 (10/03)		
City & Star	te	City & State				4. FEI Number 59-33713	395		<del></del>	plied For t Applicable	
Zip ·	Country	Country Zip Cou				5. Certificate of	Status Desired		8.75 Add se Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
CORROBATION OF BUILDER COMPANIE					Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)							
	·										
					City FL Zip Code						
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	d office or	registere	ed agent, or both,	in the State of Flor	rida. I am fa	miliar with,	and accept	
a le conga	noris or registered agent.									i	
SIGNATURE	Signature, typed or printed name of registered agent		. 0				<del></del>	DATE			
<del></del>	Signature, typed or privise reprise or registered agent i	PIC FIRE N ADDICACION. (NOTO	: Hagistareo	- Adeal adum	e required	when reinstating)		DATE			
FIL After M	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr		cing 🔲	\$5.0 Adda	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CH	ANGES TO OFFI	CERS AND C	IRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE		D			. 1	_ Change	naitibbA 🕵	
NAME	KENNEDY, PARKER S		NAME			ry Sand		_			
STREET ADORESS CITY-ST-ZIP	114 FIFTH STREET SANTA ANA, CA 92701			T ADORESS ST-ZIP			Stemmor	ns Fre	eeway	1	
TITLE	D	<b>₹</b> Delete	TITLE		Dal	las, TX	75247		Change	Addition	
NAME	LONG, JOHN W	Dage	NAME	1				1	_j Citalige	L. ADDITION	
STREET ADDRESS	150 SECOND AVENUE NORTH	SUITE 1600	STREE	T ADDRESS						Ì	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	<del></del>	CITY-	ST-ZIP							
TITLE !	SD CRAIC I	☐ Delete	TITLE	1				[	Change	Addition	
NAME STREET ADDRESS	ZINDA, CRAIG J 150 SECOND AVENUE NORTH:	SUITE 1600	NAME	T ADDRESS						ļ	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	30.12 1000	•	ST-ZiP							
TITLE	Т	☐ Delete	TITLE		SVP	/CFO		1	Change	☐ Addition	
NAME	ABIDE, RAYMOND G JR		NAME		Ray	mond G.	Abide			l	
STREET ADDRESS CITY-ST-ZIP	B435 STEMMONS FREEWAY DALLAS, TX 752473907			T ADORESS ST-ZIP	843 Dal	5 North las, TX	Stemmor 75247	ns Fre	eway		
TITLE	Р	☐ Delete	TITLE						Change	Addition	
NAME STREET ADORESS	RIFFE, C. CLARKE		NAME						:		
CITY-ST-ZIP	8435 STEMMONS FREEWAY DALLAS, TX 75247			T ADDRESS ST-ZIP							
TITLE	AS	X Delete	TITLE					(	Change	☐ Addition	
HAME	COLLINS, KATHLEEN M		NAME						-		
STREET ADDRESS CITY-ST-ZIP	1 FIRST AMERICAN WAY SANTA ANA, CA 92707			t address st-zip						[	
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exen	notion state	d in Sec	tion 119.07(3)(i),	Florida Statutes. 1	further certify	that the in	tormation	
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 SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR										19	