DOCUMENT # P96000033991 1. Entity Name WEST OAKS FOOTACTION, INC.						FILED Feb 08, 2000 8:00 an Secretary of State 02-08-2000 90043 007 ***150.00				
Principal Place of Business Mailing Address										
WEST OAK MA RT 50 & CLARK ORLANDO FL 3 US	K ST	7880 BENT BRANCH DR #100 IRVING TX 75063-6046 US								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State			4. F	4. FEI Number 59-3397793				
Zip Country		Zip Co		Country		Certificate o	of Status Desired	\$8.75	1.1.00	
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. N	lame and	Address of New Registe		4	
				Name					£	
UNIT 1201 TALL	PANY		Street A	ddress (P.O. B	ox Number	is Not Acceptable)	-			
ITALL	AHASSEE FL 32301			City				FL Zip	Code	
SIGNATURE .	signature, typed or printed name of registered agent a prattion is eligible, to satisfy its Intangible requirement and elects to do so.		TE. Registered	d Agent signatu	re required when re	nstating)		• –	55.00 ··	
•	ria on back)	Make Check Paya			t of State					
11.	OFFICERS AND		12.		AD	DITIONS/C	CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete PARKS, RALPH T. 7880 BENT BRANCH DR #100 RVING TX		TITLE NAME STREET ADDRES CITY-ST-ZIP		R.SHF	ww	NEVILLE	Cha	nge <u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBERT- CHARLES M. 7880 BENT-BRANCH DR #100 IRVING TX	Delete						☐ Cha	ange 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROACH, RONALD V 7880 BENT BRANCH DR #100 IRVING TX 75063	☐ Delete						☐ Cha	nge 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINTON, NANCY L 7880 BENT BRANCH DR #100 IRVING TX	☐ Delete						☐ Cha	ange 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST RODRIGUEZ, VICKI 7880 BENT BRANCH DR #100 IRVING TX 75063	☐ Delete						☐ Cha	ange 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Cha	inge 🗀	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, we	true and accurate and that wered to execute this report	my signat t as requir	ture shall h	ave the same I	egal effect	as if made under oath: ti	nat I am an of	fficer or :	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-31-2000

972-501-500 Daytime Phone #