2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 8:00 am Secretary of State

2001		
	ANNUAL REPORT	

1. Entity Name	e	# S20354 S SOUTH CAROLIN	IA, INC.					04-30-200	07 90420 (026 ***150	.00
Principal Place of Business 1231 GREENWAY DRIVE STE. 800 IRVING, TX 75038 US			Mailing Address 1231 GREENWAY DRIVE STE. 600 IRVING, TX 75038 US								
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04242007	Chg-P	CR2E	E034 (12/06)	
City & State	9		City & State				4. FEI Number 59-304			<u> </u>	plied For t Applicable
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent		Name		7. Name and	Address of No	ew Registere	d Agent	
CT CORPO 1200 SOUT PLANTATI	TH PINE	ISLAND ROAD			Street Ad	ddress (F	P.O. Box Numb	er is Not Accep	otable)		
					City				F	L Zip Code	;
	named entit ions of regis	y submits this statement for tered agent.	the purpose of changing i	ts register	red office or	register	ed agent, or bo	th, in the State	of Florida. I a	m familiar with,	and accept
SIGNATURE_	Signature types	or printed name of registered agent a	nd title d'applicable (Ni	TE Becoster	eit Agent sionah	re required	(when reinstating)		DATE		
FIL After Ma	E NOW!!!	FEE IS \$150.00 7 Fee will be \$550.0	9. Election Camp	aign Fina	incing	\$ 5.	00 May Be ed to Fees		, 1000 m		
10.	1 0505	OFFICERS AND I		11.		1	ADDITIONS	CHANGES TO	OFFICERS A	ND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	1231 GRI	ITZ, JAY B EENWAY DR., SUITE 60 TX 75038	□ Delete D 0							☐ Change	Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP	1231 GR	IONT, WILLIAM S EENWAY DR., SUITE 60 TX 75038	Delete			Todd 1231 Irvi	tive Vice P W. Whit Greenway Ng, Texas	beck Dr., Svite 75030	600	☐ Change	🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1231 GR	WALTER E EENWAY DR., SUITE 60 TX 75038	☑ Deiete			SY. VI Ted 1231	P/General M. Eade: Greenway Ng, Texa	Counsel/ s Dri, Svite	Secretari	∫ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1231 GR	ITZ, JAY B EENWAY DR., SUITE 60 TX 75038	□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1231 GR	IONT, WILLIAMS S EENWAY DR., SUITE 60 TX 75038	⊠ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	Cil	me Reet address Y ST ZIP					☐ Change	Addition
12. I hereby indicated of the color changed	certify that the control of the cont	ne information supplied with ort or supplemental reports the receiver of trustee empt tack/pent with an address.	this filing does not qualify true and accurate and tha overed to execute this rep with all other like empowers	for the eat my sign ort as requeed.	xemptions of ature shall h uired by Cha	contained have the apter 60		9. Florida Statuct as if made upes; and that my			

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

	ANNUAL	REPURI			" 1	וווטאיי	VIEN.	ľ	
1. Entity Nam	MENT # S20354 EXPRESS SOUTH CAROLIN	IA, INC.					···	1	
			-						
Principal Place 1231 GREEN	\	Mailing Address	-	1					
STE. 800	IMAT DRIVE	1231 GREENWAY DRIVE Ste. 600	<u> </u>	- 1					
IRVING, TX 7	75038 US		US	ĺ	j	4008	9/	n l	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				7000	1Q	71	U nit
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04162007	Chg-P	CR2E	34 (12/06)	
City & State	е	City & State			4. FEI Numbe 59-3044		_	1	oplied For ot Applicable
Zíp	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Legistered Agent			7. Name and	Address of New !	Registered		
	\		Name	****					
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324		Street A	ddress (P	O. Box Numbe	r is Not Acceptabl	e)		
			City				<u> </u>	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registere	ed agent, or bot	n, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. NOTE	:: Registered Agent signat	ure required v	when reinstating)		DATE	<u> </u>	
						_ 			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campai Trust Fund Contr			00 May Be d to Fees				
			 _		ADDITIONS (CHANGES TO OF	EICEDS ANI	NIBECTOR	S IN 11
10.	OFFICERS AND D	Delete Delete	11.		ADDITIONS/	CHANGES TO OF	FICENS AND	Change	Addition
NAME	SHIPOWITZ, JAY B	La boloie	NAME	1				_ <i>g</i> -	
STREET ADDRESS	1231 GREENWAY DR., SUITE 60	00	STREET ADDRESS						
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP	Y		Denet d. 13 J	160	Change	C7 Addition
TITLE NAME	VCFO MCCALMONT, WILLIAM S	🔀 Delete	TITLE NAME	1	ul Whit	resident/ beck		Change	Addition
STREET ADDRESS	1231 GREENWAY DR., SUITE 60	00	STREET ADDRESS	1231	Greenwa	y Dr., Suite	600		5
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP	In	Mg. TX	9503B			<u>}</u>
TITLE	VSD	Delete	TITLE			LOUNSEI/SE	cretary	☐ Change	Addition
NAME STREET ADDRESS	EKUNS, WALTER E 1231 GREENWAY DR., SUITE 60	nΛ	NAME STREET ADDRESS	Ted	M. Eade	US VALUEDOS SI	- 10 مان	ıla	
CITY-ST-ZIP	IRVING, TX 75038	,0	CITY-ST-ZIP	1231 Trivi	in a to	MAY Dr., SI	71年 3号	Ū	
TITLE	CEOP	□ Delete	TITLE	1	110	<u> </u>	-	☐ Change	Addition
NAME	SHIPOWITZ, JAY B		NAME	1	\	\			
STREET ADDRESS CITY-ST-ZIP	1231 GREENWAY DR., SUITE 60 IRVING, TX 75038	00	STREET ADDRESS CITY-ST-ZIP						
TITLE	TD	☑ Delete	TITLE					☐ Change	Addition
NAME	MCCALMONT, WILLIAMS S		NAME						
STREET ADDRESS CITY-S1-ZIP	1231 GREENWAY DR., SUITE 60 RVING, TX 75038	00	STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>				☐ Change	Addition
NAME			NAME			\	\		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged	certify that the information supplied pur- l on this report or supplemental report is rporation or the receiver or trusted entoo , or on an attachment with an about ss y	this filing does not qualify for true and accurate and that n wered to execute this report with all other like empowered.	or the exemptions on my signature shall has required by Cha	contained have the s apter 607,	in Chapter 119 ame legal effec , Florida Statute	, Florida Statutes. t as if made under s; and that my nar	I further cell cath; that I ne appears	tify that the ir am an officer in Block 10 o	nformation for director r Block 11 if
SIGNAT	TURE:	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR			Date		Daytime Phone #	