# 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F1000003932

Entity Name: WALTER KARL, INC.

## Current Principal Place of Business:

16000 DALLAS PARKWAY SUITE 575 DALLAS, TX 75248

### **Current Mailing Address:**

16000 DALLAS PARKWAY SUITE 575 DALLAS, TX 75248 US

### FEI Number: 13-1662576

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

|  | Title           | CFO                                | Title           | DIRECTOR                      |
|--|-----------------|------------------------------------|-----------------|-------------------------------|
|  | Name            | OWENS, AUSTIN                      | Name            | IACCARINO, MIKE               |
|  | Address         | 13155 NOEL ROAD<br>SUITE 1750      | Address         | 13155 NOEL ROAD<br>SUITE 1750 |
|  | City-State-Zip: | DALLAS TX 75240                    | City-State-Zip: | DALLAS TX 75240               |
|  |                 |                                    |                 |                               |
|  | Title           | PRESIDENT                          | Title           | CFO                           |
|  | Title<br>Name   | PRESIDENT<br>IACCARINO, MIKE       | Title<br>Name   | CFO<br>IACCARINO, , MIKE      |
|  |                 |                                    |                 |                               |
|  | Name            | IACCARINO, MIKE<br>13155 NOEL ROAD | Name            | IACCARINO, , MIKE             |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: IACCARINO, MIKE

DIRECTOR

04/08/2022

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 08, 2022 Secretary of State 0162905267CC

Certificate of Status Desired: No