

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005529

Entity Name: MAGNOLIA RACING STABLE GP, INC.

Current Principal Place of Business:

109 N POST OAK LN
STE 600
HOUSTON, TX 77024

FILED
Feb 24, 2014
Secretary of State
CC5277993011

Current Mailing Address:

109 N POST OAK LN
STE 600
HOUSTON, TX 77024 US

FEI Number: 76-0428539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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

Date

Officer/Director Detail :

Title CD
Name MCNAIR, ROBERT C SR.
Address 109 N POST OAK LN, STE 600
City-State-Zip: HOUSTON TX 77024

Title V
Name KENDRIGAN, JAMES M
Address 109 N POST OAK LN, STE 600
City-State-Zip: HOUSTON TX 77024

Title V
Name MCNAIR, JANICE S
Address 109 N POST OAK LN, STE 600
City-State-Zip: HOUSTON TX 77024

Title VP/CFO/TREASURER
Name SCHWINGER, SCOTT E
Address 109 N POST OAK LN
STE 600
City-State-Zip: HOUSTON TX 77024

Title VP/GC/SECRETARY
Name THOMAS, SUZIE
Address 109 N POST OAK LN
STE 600
City-State-Zip: HOUSTON TX 77024

Title VCHAIR
Name MCNAIR, ROBERT C JR.
Address 109 N POST OAK LN
STE 600
City-State-Zip: HOUSTON TX 77024

Title VP
Name WATSON, GREG
Address 109 N POST OAK LN
STE 600
City-State-Zip: HOUSTON TX 77024

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: JAMES M. KENDRIGAN

VP

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date