RI SOS Filing Number: 200700380910 Date: 08/30/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No	2. Exact name of the limited liability company
150027	WALKAWAY USA, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Texas	Provide products and services to other organizations

5. Principal office address	City	State	Zip
122 West Carpenter Freeway, 6th Floor	Irving	Texas	75039

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Tina Morgan	Operations Manager

Street Address	City	State	Zip
122 West Carpenter Freeway, 6th Floor	Irving	Texas	75039

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Jeff Beaver	William Bigley
Street Address	Street Address
122 West Carpenter Freeway, 6th Floor	122 West Carpenter Freeway, 6th Floor
City / State / Zip: Irving / Texas / 75039	City / State / Zip: Irving / Texas / 75039
Manager Name	Manager Name
John Pappanastos	
Street Address	Street Address
122 West Carpenter Freeway, 6th Floor	
City / State / Zip: Irving / Texas / 75039	City / State / Zip:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
National Registered Agents, Inc	222 Jefferson Boulevard, Suite 200	
Address	City	Zip
	Warwick	02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person — *Date* 8/17/07

[redacted]

JEFFREY W. BEAVER
Print or Type Name of Authorized Person

File Date 8-30-07
Check No. 00002922
By: mmc

FOR SECRETARY OF STATE USE ONLY
12919-36-175044

Form 632 Rev. 07/07