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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000507009	WNL MARKETING GROUP, INC.

3. Principal office address	City	State	Zip
2929 ALLEN PARKWAY	HOUSTON	TX	77019

4. Business Phone No.	5. State of Incorporation
	DELAWARE

6. Brief description of the character of business conducted in Rhode Island
MARKETING COMPANY FOR COMMISSION PAYMENTS.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JENNA WARING GREER	2929 ALLEN PARKWAY	HOUSTON	TX	77019

Vice-President Name	Street Address	City	State	Zip
THOMAS CLAY SPIRES	2727-A ALLEN PARKWAY	HOUSTON	TX	77019

Secretary Name	Street Address	City	State	Zip
JULIE COTTON ~~HEAME~~ Hearne	2919 ALLEN PARKWAY	HOUSTON	TX	77019

Treasurer Name	Street Address	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JIM A. COPPEDGE	2919 ALLEN PARKWAY	HOUSTON	TX	77019

Director Name	Street Address	City	State	Zip
STEPHEN J. POSTON	2929 ALLEN PARKWAY	HOUSTON	TX	77019

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	10,000	common	$0.001

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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] 3-30-15
Signature of Authorized Representative Date

Julie Cotton Hearne
Print or Type Name of Authorized Representative

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 26 2016
By 2687216
By A.H. 11:58 A.M.

Form No. 630
Revised: 01/2012

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