2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 287814 May 26, 2000 8:00 am Secretary of State 1. Entity Name SECURITIES MANAGEMENT AND RESEARCH INC 05-26-2000 90287 016 ***150.00 Principal Place of Business Mailing Address PO POX 58969 2450 S. SHORE BLVD. STE 400 **HOUSTON TX 77258** LEAGUE CITY TX 77573 Principal Place of Business 3. Mailing Address 450 South Shore Blud. P.O. BOX 58969 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 400 Suite Applied For City & State City & State 4. FEI Number 59-1145041 HOUSTONTEXAS Not Applicable eaque Texas Zip' Country Zip Country \$8.75 Additional Certificate of Status Desired V.S.A 77573 USA 77258 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Näme CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. 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. Come is SIGNATURE AND THE BUILDINGS DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Cofficers and directors 11. Addition Delete TITI F TITLE UNGER, EMERSON V. NAME NAME STREET ADDRESS STREET ADDRESS ONE MOODY PLAZA CITY-ST-ZIP CITY-ST-ZIP GAVELSTON TX ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME AXELSON, TERESA NAME STREET ADDRESS ONE MOODY PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAVELSTON TX** ☐ Addition VT: ---Delete TITLE Change TITLE = -NAME KOELEMAY, BRENDA T NAME STREET ADDRESS ONE MOODY PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAVELSTON TX** ☐ Change ☐ Delete TITLE ☐ Addition NAME DIXON, GORDON D. NAME STREET ADDRESS STREET ADDRESS ONE MOODY PLAZA CITY-ST-ZIP CITY-ST-7IP **GALVESTON TX 77550** ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ MCCRSKEY, MICHAEL W STREET ADDRESS ONE MOODY PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAVELSTON TX ☐ Delete ☐ Change **VP** ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

WHEELER, DAVID K.

ONE MOODY PLAZA

GALVESTON TX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/00

(281) 334 - 2469

Daytime Phone #