

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:32

DOCUMENT # 841296 (7)

1. Corporation Name  
3D/INTERNATIONAL, INC.

Principal Place of Business 1800 W. LOOP S., SUITE 600 HOUSTON TX 77027	Mailing Address 1800 W. LOOP S., SUITE 600 HOUSTON TX 77027
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/21/1978	3a. Date of Last Report 05/17/1994
4. FEI Number 74-1493691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	WINDHEIM, GUY C.
STREET ADDRESS	1900 W LOOP S, #600
CITY - ST - ZIP	HOUSTON TX
TITLE	PD
NAME	THOMSEN, CHARLES B
STREET ADDRESS	1900 W LOOP S, #600
CITY - ST - ZIP	HOUSTON, TX 00000
TITLE	C
NAME	<del>WINDHEIM, J V, III</del>
STREET ADDRESS	1900 W LOOP S, #600
CITY - ST - ZIP	HOUSTON, TX 00000
TITLE	EVP
NAME	MURPH, JOHN
STREET ADDRESS	1900 W LOOP S #600
CITY - ST - ZIP	HOUSTON TX
TITLE	EVP
NAME	KOLESNIKOFF, NICK
STREET ADDRESS	9990 LEE HWY #400
CITY - ST - ZIP	FAIRFAX VA
TITLE	V
NAME	NICOLAOU, DIANE
STREET ADDRESS	1900 W LOOP S #600
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SVP GREG EDWARDS
5.3 STREET ADDRESS	1900 W. LOOP SOUTH, ST 600
5.4 CITY - ST - ZIP	HOUSTON, TX 77027
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE *[Signature]* VP *[Signature]* DIANE NICOLAOU 6-5-95 (713) 871-7000