

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **841296** (7)

1. Corporation Name  
**3D/INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**1900 W. LOOP S., SUITE 600 HOUSTON TX 77027**

3. Date Incorporated or Qualified <b>08/21/1978</b>	3a. Date of Last Report <b>06/09/1995</b>
4. FEI Number <b>74-1493691</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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	PD	<input type="checkbox"/> DELETE
NAME	THOMSEN, CHARLES B	
STREET ADDRESS	1900 W LOOP S, #600	
CITY-ST-ZIP	HOUSTON, TX 00000	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	NEUHAUS, J V, III	
STREET ADDRESS	1900 W LOOP S, #600	
CITY-ST-ZIP	HOUSTON, TX 00000	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MURPH, JOHN	
STREET ADDRESS	1900 W LOOP S #600	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	EDWARDS, GREFG	
STREET ADDRESS	1900 W LOOP S ST 600	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NICOLAOU, DIANE	
STREET ADDRESS	1900 W LOOP S #600	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMSEN, CHARLES B	
1.3 STREET ADDRESS	1900 W. LOOP SOUTH, ST 600	
1.4 CITY-ST-ZIP	HOUSTON TX 77027	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURPH, JOHN H.	
3.3 STREET ADDRESS	1900 W. LOOP SOUTH, ST. 600	
3.4 CITY-ST-ZIP	HOUSTON, TX 77027	
4.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDWARDS, GREFG	
4.3 STREET ADDRESS	1900 W. LOOP SOUTH, ST 600	
4.4 CITY-ST-ZIP	HOUSTON, TX 77027	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Nicolaou VP / DIANE NICOLAOU* 2/14/96 (713) 871-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year (713) 871-7000

CR2E034 (12/95)