

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90003 028 \*\*\*150.00

0668975

**DOCUMENT # 841296**  
 1. Entity Name  
**3D/INTERNATIONAL, INC.**

Principal Place of Business <b>1900 W. LOOP S., SUITE 600          ATTN:GRETCHEN AGENA          HOUSTON TX 77027</b>	Mailing Address <b>1900 W. LOOP S., SUITE 600          ATTN:GRETCHEN AGENA          HOUSTON TX 77027</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>74-1493691</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BAKER, MARGARET</b> <b>1900 W LOOP S, #600</b> <b>HOUSTON TX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MURPH, JOHN</b> <b>1900 W LOOP S #600</b> <b>HOUSTON TX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>FLYNN, JIM</b> <b>360 SYLVAN BLVD</b> <b>WINTER PARK FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BALEY, MARGARET</b> <b>1900 W. LOOP S., #600</b> <b>HOUSTON TX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>FLEISHACKER, ALAN</b> <b>1900 W. LOOP S. # 600</b> <b>HOUSTON TX 77027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Thomson, Charles B</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b> <b>Begnaud, Ronald</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 or without other like empowered.

SIGNATURE: *Alan Fleishacker* Date: 1/4/01 Daytime Phone #: 713 871 7000

CR2E034 (10/00)