

### 2002 UNIFORM BUSINESS REPORT (UBR)

# FILED Mar 28, 2002 8:00 am Secretary of State

0912464 AT

**DOCUMENT # 841296**

03-28-2002 90822 001 \*\*\*\*\*8.75  
03-28-2002 90822 002 \*\*\*150.00

<b>1. Entity Name:</b> 3D/INTERNATIONAL, INC.
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<b>Principal Place of Business</b> 1900 W. LOOP S., SUITE 600 <del>ATTN: GRETCHEN AGENA</del> HOUSTON TX 77027	<b>Mailing Address</b> 1900 W. LOOP S., SUITE 600 <del>ATTN: GRETCHEN AGENA</del> HOUSTON TX 77027
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>  Suite, Apt. #, etc. <b>Attn: Allyson Hoffman</b> City & State	<b>3. Mailing Address</b>  Suite, Apt. #, etc. <b>Attn: Allyson Hoffman</b> City & State
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<b>4. FEI Number</b> <b>74-1493691</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

Zip Country	Zip Country
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<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**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, 2002 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**

OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> Delete
NAME	THOMSEN, CHARLES B	
STREET ADDRESS	1900 W LOOP S, #600	
CITY-ST-ZIP	HOUSTON TX,	
TITLE	P	<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	FLYNN, JIM	
STREET ADDRESS	360 SYLVAN BLVD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEGNAUD, RONALD	
STREET ADDRESS	1900 W. LOOP S., #600	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FLEISHACKER, ALAN	
STREET ADDRESS	1900 W. LOOP S. # 600	
CITY-ST-ZIP	HOUSTON TX 77027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.**

**SIGNATURE:** [Signature] **3/7/02 7138717006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10910204 9/01