

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90065 028 ***158.75

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



Principal Place of Business: 1900 W. LOOP S., SUITE 600, ATTN: ALLYSON HOFFMAN, HOUSTON TX 77027
 Mailing Address: 1900 W. LOOP S., SUITE 600, ATTN: ALLYSON HOFFMAN, HOUSTON TX 77027

24021673



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **74-1493691**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. 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		

11. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Fleishacker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/11/4** Daytime Phone #: **7138717006**