FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am **DOCUMENT #** 841560 **Secretary of State** 1. Entity Name. CALEB BRETT U.S.A., INC. 02-13-2002 90008 026 ***150.00 Principal Place of Business Mailing Address 5051 WESTHEIMER P.O. BOX 460709 B0022624 POST OAK TOWER, 17 FLOOR HOUSTON TX 77056-8709 **HOUSTON TX 77056** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-0703433 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)TITLE ☐ Delete TITLE Addition NAMĚ MACKIN, BRENT V. NAME STREET ADDRESS CR2E034 **524 VASSAR AVENUE** STREET ADDRESS CITY-ST-ZIP SWARTHMORE PA 19081 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition VΡ NAME NAME LE BLANC, STEVEN J. STREET ADDRESS STREET ADDRESS 360 CREEKSIDE CITY-ST-ZIP CITY-ST-ZIP **LEAGUE CITY TX 77573** ☐ Change TITLE ☐ Delete -☐ Addition NAME NAME RHINEHART, LLOYD D. STREET ADDRESS STREET ADDRESS **4710 KIPPER CIRCLE** CITY-ST-ZIP CITY-ST-ZIP PASADENA TX 77505 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME LEES, GRAHAM NAME STREET ADDRESS STREET ADDRESS 19710 CARDIFF PARK LANE CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77094** TITLE ☐ Defete ☐ Change CFOS³ TITLE Addition NAME NAME BAIN. STEVEN M. STREET ADDRESS STREET ADDRESS 528 HAWTHORNE CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77006** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HODSON, JOHN G NAME STREET ADDRESS STREET ADDRESS 5051 WESTHEIMER \$1700 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 7705**

13. Thereby 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

NG OFFICER OR DIRECTOR

22 nd January 2002