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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853843 (1)

1. Corporation Name
ALLRIGHT CORPORATION

Principal Place of Business Mailing Address

1120 PRAIRIE P.O. BOX 53390 HOUSTON TX 77002 **1120 PRAIRIE P.O. BOX 53390 HOUSTON TX 77002**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/20/1982** 3a. Date of Last Report: **08/01/1994**

4. FEI Number: **76-0020501** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$0.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYDEN, A J	1.2 NAME	
STREET ADDRESS	1111 FANNIN SUITE 1300	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	PO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, BERNARD M	2.2 NAME	
STREET ADDRESS	1111 FANNIN SUITE 1300	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	
TITLE	VDC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, TERRY	3.2 NAME	
STREET ADDRESS	111 FANNIN SUITE 1300	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	3.4 CITY - ST - ZIP	
TITLE	VPC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, KEITH	4.2 NAME	
STREET ADDRESS	1120 PRAIRIE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, MONTY R	5.2 NAME	
STREET ADDRESS	808 TRAVIS, STE. 1410	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, KENNETH E.	6.2 NAME	
STREET ADDRESS	1616 GLENARM PLACE #1910	6.3 STREET ADDRESS	D Harold Mathews Build.
CITY - ST - ZIP	DENVER CO	6.4 CITY - ST - ZIP	1809 First Tenn Build. Memphis, TN 38103

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/13/95** DAYTIME PHONE: **713-222-7117**